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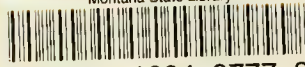
MONTANA COMPREHENSIVE PLAN
FOR
ALCOHOL AND DRUG ABUSE PREVENTION
TREATMENT AND REHABILITATION
(FY 1984)

Prepared by;
Alcohol and Drug Abuse Division
State Department of Institutions

Governor, Ted Schwinden

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1.0 State Agency Policy and Planning Process

1.1 Introduction

The Montana State Plan for Alcohol and Drug Abuse Prevention, Treatment and Rehabilitation is a public document that presents a coordinated comprehensive plan for the development and implementation of alcohol and drug abuse prevention, treatment and rehabilitation programs for the entire state.

The Plan serves as a basis for the utilization of federal, state and all other available resources in planning, establishing, maintaining, coordinating and evaluating prevention, treatment and rehabilitation projects and programs for alcohol and drug abusers within the state.

The Department of Institutions, Alcohol and Drug Abuse Division, is required by State Law to prepare an annual alcohol and drug plan. In Fiscal Year 1984 the Division will implement a long term (four year) planning process as required by legislation passed by the 1983 Legislature. The Alcohol and Drug Abuse Division coordinates its planning process with the Health Systems Agency and the State Health Planning and Development Agency to ensure consistency with the Montana Health Systems Plan and Montana State Health Plan.

The State Alcohol and Drug Plan is to be used as a guide for coordinated state-wide efforts; it is not intended to be an unchanging document, but is designed as a workable tool for the use of all individual groups and agencies working with alcohol and drug abuse within the state.

1.2 Purpose

Under delegated authority from the Director, Department of Institutions and 53-24-204 MCA the Alcohol and Drug Abuse Division will:

- 1) Approve treatment programs in accord with 53-24-208 and the Administrative Rules of Montana, Vol. 7, Chapter 3.
- 2) Prepare an annual state chemical dependency plan for the delivery of treatment services.
- 3) Provide and conduct statewide service system evaluations.
- 4) Distribute state and federal funds to the counties for approved treatment programs in accordance with the provisions of 53-24-206 MCA.
- 5) Plan in conjunction with approved programs and provide for training of program personnel delivering services to chemically dependent persons.
- 6) Establish criteria for development of new programs.
- 7) Certify chemical dependency counselors.

- 8) Plan for the greatest utilization of funds by discouraging duplication of services; encourage efficiency of services through existing programs; and encourage rural counties to form multi-county districts or to contract with urban programs for services.
- 9) Cooperate with the Board of Pardons in establishing and conducting programs to provide treatment for chemically dependent and intoxicated persons in or on parole from penal institutions.

1.3 Program Philosophies and Policies

The statewide philosophy for delivery of alcohol and drug abuse services must be sensitive to situations unique to Montana. While Montana ranks fourth in geographical area (147,128 square miles) it ranks 38th among states in population with approximately five persons per square mile. The racial distribution of the state is 94 percent white, with the remainder being predominantly American Indian.

Administration

Responsibility for all functional activity carried out under the Montana State Plan for Alcohol and Drug Abuse rests with ADAD staff, the State Advisory Council on Alcohol and Drug Dependency with final authority from the Director, Department of Institutions.

The Advisory Council is composed of ten members appointed by the Department Director and approved by the Governor. The council meets at least quarterly to review and recommend policy, to evaluate project and program activities and to recommend priorities for action and expenditures.

The administration of alcohol and drug programs by the state is designed to accomplish the following:

- 1) Assure that all state-approved alcoholism and drug treatment service providers meet the provisions of Chapter 24 of Title 53 MCA.
- 2) Assure that outpatient services are available to all Montana counties.
- 3) Assure that all funded service providers operate at an optimum level.
- 4) Assure that clients are provided a continuum of services and are not lost in the referral process.
- 5) Assure that treatment services are not duplicated within counties.
- 6) Assure that special populations (minorities, youth, women, aged) receive adequate and appropriate services.

Planning and Coordination

Responsibility for preparation of the annual State Plan for Alcohol and Drug Abuse will continue to rest with the Alcohol and Drug Abuse Division. The

Division will prepare a long term (four year) plan draft for review by the State Advisory Council, treatment programs and the general public. The Division will also continue to guide the development of county planning capability.

The Division recognizes the need to continually improve coordination among state agencies for certain aspects of the total service delivery system. The Department of Institutions, Alcohol and Drug Abuse Division, has the primary responsibility but other state departments have specific functions. Working relationships have been developed with the Departments of Health and Environmental Sciences, Social and Rehabilitation Services, Justice, Highways and the State Office of Public Instruction.

This Department intends to create every opportunity for meaningful involvement of other state departments having a role in the delivery of alcohol and drug services throughout the state.

Responsibility for distribution of the Department's discretionary funds is a function of ADAD, with recommendations from the State Advisory Council on Alcohol and Drug Dependency and final approval from the Director of the Department of Institutions.

Treatment and Rehabilitation

The purposes of treatment and rehabilitation programs are to minimize identifiable problems caused by alcohol and drugs for individuals and for society, while increasing abuser participation in socially acceptable, productive activities as an alternative to dysfunctional abuse. The use of any chemical substance, legal or illegal, which creates behavioral or health problems resulting in operational impairment is viewed as chemical dependency.

Management Information Systems

ADAD recognizes that accurate data is essential for efficient program planning, management and evaluation.

The Division will collect and analyze statistical data from all state-approved treatment facilities according to State Law, Section 53-24-208 MCA. All state-approved alcohol and drug programs report on the Alcohol and Drug Information System (ADIS) as a requirement of state-approval.

ADAD will continue to develop and distribute data output reports for state and local program management.

Evaluation and Program Approval

Comprehensive on-site reviews of treatment programs are conducted on an annual basis prior to issuance of a state-approval certificate. Program reviews are conducted in accordance with 53-24-208 MCA and Vol. 7, Title 20, Chapter 3 of the Administrative Rules of Montana. Procedures for conducting on-site evaluations have been published in the Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment Programs (January 1982).

The purpose of the on-site program evaluation process is as follows:

- To approve or disapprove alcohol and drug programs
- To help ensure statewide compliance with state and applicable federal standards
- To improve program performance and client service levels
- To help achieve efficiency and economy in program operations
- To assist in determination of program funding levels and approval of contracts
- To determine areas of needed technical assistance and training
- To gather data for development of additional state standards for program performance

The Department has authority to grant approval for the following care components:

- Detoxification
- Inpatient-Hospital
- Inpatient-Free Standing
- Intermediate-Transitional Living
- Outpatient

A program may be approved for more than one care component if the program complies with the specific requirements for approval of each component. (See Program Evaluation and Approval Section, pages 21-26).

Prevention

Prevention of alcohol and drug abuse in Montana is predicated on the philosophy that each individual is responsible for his own actions and given accurate and sufficient information and education, will make responsible decisions. The ADAD prevention mission is to provide all citizens of Montana with the information necessary for them to make responsible decisions about use of alcohol and drugs, to promote alternatives to alcohol and drug abuse and to educate parents, teachers, health professionals and social service personnel in effective techniques for promoting prevention activities of other state and local agencies.

ADAD strongly urges local communities to play the primary role in the development and implementation of prevention activities and community commitment toward program continuation funding. Given extremely limited prevention resources, ADAD is committed to using these resources to encourage well conceived and strongly supported community projects.

Certification and Training

Rules and standards for counselor certification were formally adopted in the Administrative Rules of Montana in 1981. All counselors presently employed in state-approved programs had until July 1, 1983 to become certified. Pursuant to Section 53-24-204 MCA, programs may hire uncertified persons after July 1, 1982; however, these uncertified employees must become certified within one year of their date of employment.

All programs must ensure that any new persons hired submit a certification registry form to the Alcohol and Drug Abuse Division within thirty days of the employment date and all supporting documents within ninety days.

The Montana counselor certification system is competency based and provides for basic certification and endorsement in four areas:

- 1) Chemical Dependency Counseling
- 2) Prevention/Education
- 3) Management/Supervision

All counselor training events offered or sponsored by the Division are structured to certification requirements.

1.4 Planning Process

In Accord with 53-24-211 MCA, local planning for alcohol and drug services is the responsibility of each county's board of commissioners. County plans will be developed every four years with an annual expenditure update. County plan guidelines are provided by the Division and a standardized format is used by each county. The guidelines also allow for development of multi-county plans. County Plans include the following sections:

- 1) Analysis of County Needs
- 2) Treatment and Rehabilitation
- 3) Fiscal Year Action Strategy
- 4) Prevention

County plans provide the Division with uniform planning information, local needs and priorities and also solutions to local service delivery problems. As part of the planning process, counties must determine special population needs including the needs of American Indians. County alcohol tax monies are allocated as part of each year's county plan update subject to approval by the Department of Institutions.

County plans must be submitted to the Department of Institutions, Alcohol and Drug Abuse Division for review every four years by December 31st. Annual expenditure updates must be submitted each year for review by December 31st. (See Exhibit 1, Planning Schedule).

Preparation of the state plan is based on needs and information identified; in county plans, legislative priorities and from program performance documentation, cost data and relevant statistical information. Statewide priorities are recommended by the State Advisory Council based on county plan priorities, ADAD staff recommendations and funding availability subject to final approval by the Department Director.

Each Section Manager within the Division is responsible for developing proposed goals, objectives and action strategies for each fiscal year based on needs assessment information, county plan priorities and state needs and priorities. The ADAD work plan for each year is reviewed by the State Advisory Council for recommendations.

Exhibit 1

PLANNING PROCESS

° County or Multi-County Plans

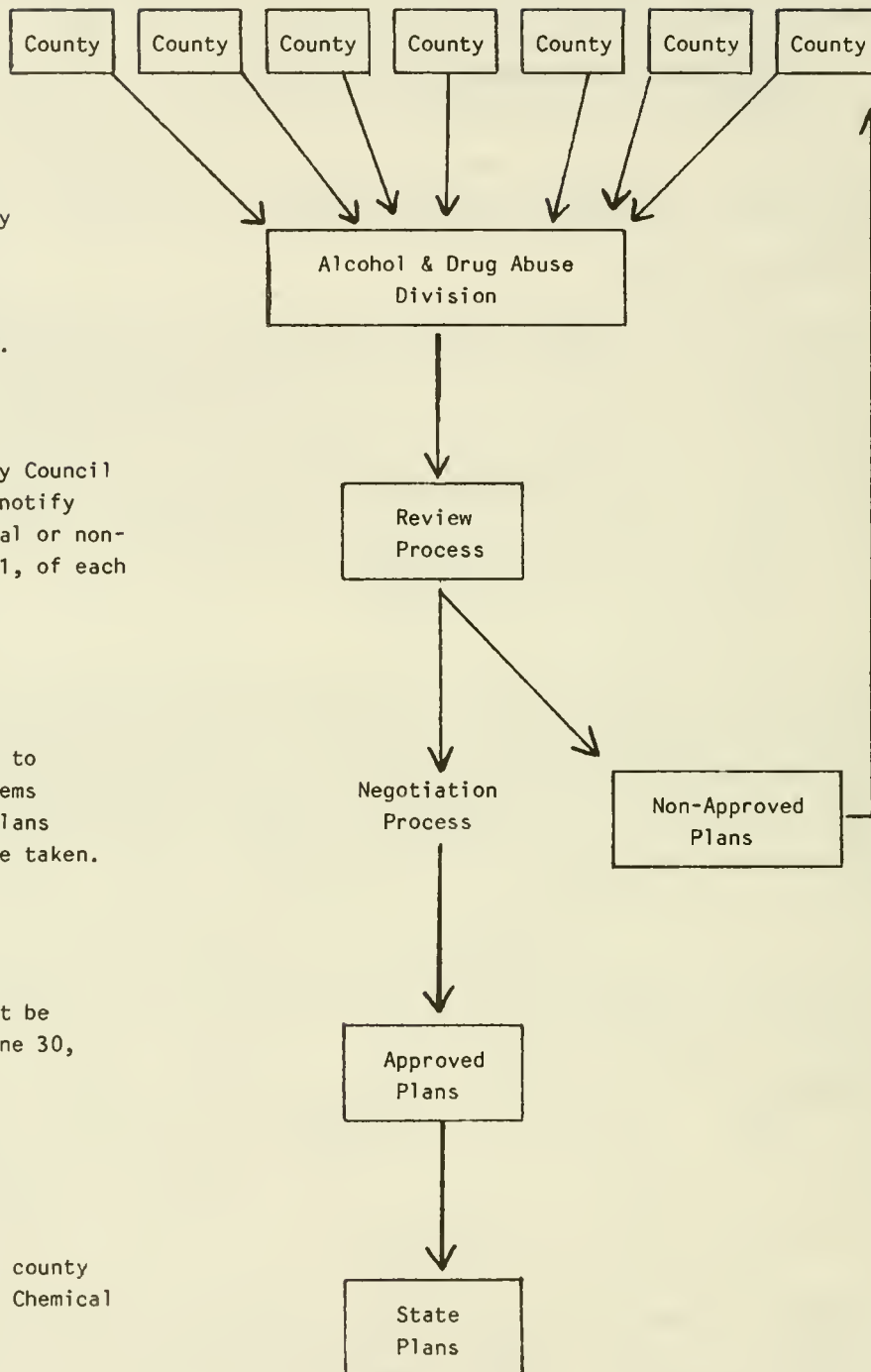
° Counties must submit County Chemical Dependency Plans every 4 years and updates every year to the ADAD by December 31, of each year*.

° ADAD and the State Advisory Council will review all plans and notify counties of initial approval or non-approval of plan by April 1, of each year.

° ADAD will communicate back to counties any and all problems relating to non-approved plans so corrective action can be taken.

° All plans or revisions must be approved by the ADAD by June 30, of each year*.

° ADAD will use all approved county plans to develop the State Chemical Dependency Plan.



* If dates are not met, the Department may no longer allocate tax monies to counties.

The Alcohol and Drug Abuse Division coordinates its planning process with the Montana Health Systems Agency and the State Health Planning and Development Agency to ensure consistency with the Montana Health Systems Plan and Montana State Health Plan.

2.0 STATISTICAL REPORT

2.1 Introduction

ADAD collects individual client treatment data utilizing the computerized Alcohol and Drug Information System. Data included in this plan is derived from CY 1982 alcohol and drug data submitted by programs to the Alcohol & Drug Abuse Division.

The Division uses statistics and information obtained from the Montana Highway Patrol, Department of Health and Environmental Sciences, County Plans, Montana Board of Crime Control and other sources as indicators of alcohol related problems.

To measure or project the usage and occurrence of drug abuse is more difficult since the use of drugs is generally a hidden activity. Because Montana is a rural state with only eleven drug clinics within the entire state, no major opiate abuse problem and a serious poly drug problem, utilization of generally accepted drug abuse indicators are not appropriate for estimating the prevalence of drug use in Montana. Montana relies on limited amounts and sources of data to measure or project drug abuse problems.

Data obtained from the Division's computerized reporting system is used to determine demographic and socio-economic information, usage trends, utilization rates, treatment outcome and for the identification of high risk populations.

Demographic data provides information about treatment population characteristics and gives the Division a perspective from which to compare other drug abuse indicators. The Division also uses crime and arrest data as an indicator of drug related problems.

Information collected from county alcohol and drug plans, Montana Board of Crime Control, Prevention Planning Studies and other sources also gives an indication of drug usage and attitudes about drugs.

None of the indicators available to ADAD, taken alone, will provide an accurate picture of Montana's drug abuse problem; however, when analyzed together such indicators present reliable patterns and profiles of the types of drugs abused within the state.

2.2 Scope of the Problem

Alcoholism is one of the most serious health problems facing Montana today. It is an illness that can be arrested but not cured and can cause other serious diseases such as heart conditions and cirrhosis, all of which shorten the life span of their victims. Alcoholism impacts on many areas of the state's concern from traffic fatalities to child abuse. The problem of alcohol abuse and alcoholism deserves the concern of every citizen.

- ° Over 101,000 Montanans are estimated to suffer problems from alcohol use or misuse.

- Each alcohol abuser affects the lives of at least four others. This means 404,000 Montanans from among the drinkers' families, friends, co-workers and employers indirectly suffer the effects of alcohol abuse.
- 55 percent of all persons killed on Montana highways in 1981 had been drinking and 65 percent of all drivers killed had been drinking prior to the accident.
- According to the National Status Report published by NIAAA, Montana consistently ranks high nationally in beer consumption and in overall alcohol beverage consumption has averaged around twelfth since 1975 with a low overall rank in 1975 of seventeenth to a high in 1979 of fifth. (See table 1 for consumption data and summary of ranking data).
- A study conducted by the Corrections Division, Department of Institutions, shows that alcoholism and drug abuse are by far the most significant single characteristic of people who wind up in prison. Nearly 88 percent of the state prison inmates had alcohol and drug problems before entering prison.
- A 1982 statewide prevalence survey of death risk factors entitled "Health Risk Prevalence: A Report Card for Montana", conducted by the Division of Health Services and Medical Facilities, Montana Department of Health and Environmental Sciences made the following observations.

71% of adult Montana survey respondents drank alcoholic beverages. Only 7% of these current alcohol consumers drank every day. 43% of the alcohol consumers in the state survey currently reported drinking less than in the two years preceding the survey. 40% of the alcohol consumers have once, in the month prior to the survey, had 5 or more drinks on an occasion. 27% in the year preceding the survey, had driven a car at least once after having a "good bit to drink;" 35% reported driving at least once after having at least 6 drinks in two hours. 2% of the Montana survey respondents had been warned that drinking was injuring their health.

The National Institute on Alcohol Abuse and Alcoholism estimates that approximately 10 percent of the population are alcoholics or alcohol abusers. A report prepared for the Division by the Montana United Indian Association estimated that 70 percent of the Indian population is in need of alcoholism treatment services. (See Table 2 for estimated alcohol abusers by Region.)

Although information on prevalence of drug misuse is harder to obtain, and its interpretation is complicated by disagreement about what amount and frequency of drug use constitutes abuse, there is no question that it poses a health and social problem within the state. Treatment data gathered from Montana drug clinics gives us the following information:

- Montana has a serious drug problem with a total of 1,402 admissions out of 5,803 first admissions in CY 1982 for drugs other than alcohol.
- Out of the 4,401 clients admitted with a primary problem of alcohol, 1,481 (40%) also had a secondary problem with drugs other than alcohol and 977 (22%) had a tertiary problem with drugs other than alcohol.

TABLE 1

ESTIMATED CONSUMPTION OF TAXED ALCOHOLIC BEVERAGES
 U. S. GALLONS OF ABSOLUTE ALCOHOL PER PERSON
 POPULATION 18 AND OLDER (1975 - 1980)

	<u>Distilled Spirits</u>	<u>Rank</u>	<u>Wine</u>	<u>Rank</u>	<u>Beer</u>	<u>Rank</u>	<u>Total</u>	<u>Overall Rank</u>
1975 Montana	1.28	(24)	0.23	(36)	1.76	(7)	3.26	(17)
National	1.22		0.37		1.27		2.86	
1976 Montana	1.24	(24)	1.24	(30)	1.80	(4)	3.27	(12)
National	1.19		0.37		1.25		2.81	
1977 Montana	1.29	(20)	0.26	(31)	1.82	(5)	3.37	(11)
National	1.19		0.38		1.29		2.86	
1978 Montana	1.28	(23)	0.24	(29)	2.13	(4)	3.65	(12)
National	1.20		0.35		1.51		3.06	
1979 Montana	1.14	(27)	0.47	(12)	2.51	(1)	4.11	(5)
National	1.13		0.35		1.64		3.12	
1980 Montana	1.14	(28)	0.39	(18)	2.23	(5)	3.77	(12)
National	1.13		0.38		1.69		3.20	

SOURCE: National Status Reports, published by National
 Institute of Alcohol Abuse and Alcoholism;
 5600 Fishers Lane; Rockville, MD 20857

TABLE 2

ESTIMATED ALCOHOL ABUSERS BY REGION

REGION	TOTAL POPULATION	POPULATION (Non-Indian)	ESTIMATED ABUSERS (Non-Indian)	POPULATION (Indian)	ESTIMATED ABUSERS (Indian)
Eastern	98,122	90,045	9,005 (10%)	8,077	5,654 (70%)
North Central	143,510	130,410	13,041 (10%)	13,100	9,170 (70%)
South Central	160,234	152,599	15,260 (10%)	7,635	5,345 (70%)
Southwestern	185,191	182,635	18,264 (10%)	2,556	1,789 (70%)
Northwestern	199,633	193,731	19,373 (10%)	5,902	4,131 (70%)
TOTAL	786,690	749,420	74,943	37,270	26,089

TOTAL ESTIMATED ABUSERS 101,032

Based on 1980 Census of Population and Housing (Advance Reports) U.S. Department of Commerce, Bureau of the Census.

- Marijuana was the most frequently reported drug of abuse reported by persons entering Montana treatment programs, followed by amphetamines.

Problems arising from these trends are substantial but they are treatable. A concerted effort is taking place in Montana to prevent problems of alcohol and drug abuse before they happen or to intervene in the early stages.

2.3 Discussion of Chemical Dependency Program Data

Client Characteristics at Admission to Chemical Dependency Programs

Table 3 shows that 74 percent of all first admissions to alcohol programs are men. Women continue to be an underserved population, comprising only one-fourth of all admissions.

Although American Indians comprise approximately 4.5 percent of the state's population they account for 15 percent of all first admissions to statewide alcohol programs. It should be noted that four of Montana's reservations have alcohol programs that are not "state-approved" and do not provide statistical information to the Division.

Interest in adolescent treatment increased during the reporting period. Adolescent admissions (under age 18) increased by 3% (11%) with a corresponding decrease in admissions of the 45-64 age group (15%).

A new reporting category added this year includes health insurance information. Half of all treatment admissions (58%) are not covered by any health insurance.

Persons employed full time decreased by 5% during the period with an increase of 2% of clients unemployed (3,771).

Admissions by Program

The admission tables in this section includes only first admission data to state approved alcohol and drug programs to better demonstrate an accurate reflection of client characteristics. First admissions refers only to those clients admitted to state approved programs for the first time. In calendar year 1982 there was a total of 8,233 alcohol and drug admissions to programs, however, 5,803 (70%) were reported as first admissions. Table 4 displays the number of first admissions to each of Montana's alcohol programs for 1982. Regional totals on this table correspond with the data shown in Tables 3, 5 and 6.

Montana Court School Clients (DUI Educational Program)

Montana alcohol programs admitted 2,800 persons to court school educational programs during 1982.

Data continues to support that court schools are a source of early intervention for alcohol abusers. Forced attendance at these schools can lead to recognition, by some of the participants, of the disruptive effects of drinking in their lives.

TABLE 3

CLIENT CHARACTERISTICS AT ADMISSION
TO CHEMICAL DEPENDENCY PROGRAMS - FIRST ADMISSIONS

(CALENDAR YEAR 1982)

<u>CLIENT CHARACTERISTICS</u>	<u>REG. I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>	<u>GALEN</u>	<u>LIGHT- HOUSE</u>	<u>STATE</u>	<u>PERCENT</u>
Total First Admissions	793	772	1,083	959	1,146	1,013	37	5,803	100
<u>SEX</u>									
Male	591	581	767	650	867	807	30	4,293	74
Female	202	191	316	309	279	206	7	1,510	26
<u>RACE</u>									
White	682	514	923	844	980	828	33	4,804	83
Black	0	3	4	7	5	7	0	26	1
Native American	103	247	131	83	148	158	4	874	15
Hispanic/Mexican	7	5	20	23	9	16	0	80	1
Other	1	3	5	2	4	4	0	19	0
<u>AGE</u>									
0-17	88	58	119	190	162	17	2	636	11
18-20	84	105	115	137	172	91	10	714	12
21-25	127	140	159	157	184	182	13	962	16
26-30	137	104	170	145	168	143	6	873	15
31-44	232	217	324	223	334	331	5	1,666	29
45-64	113	136	182	97	108	218	1	855	15
65+	12	12	14	10	18	31	0	97	2
<u>HEALTH INSURANCE</u>									
None	275	511	597	549	587	826	28	3,373	58
Medicare/Medicaid	34	38	52	55	60	82	3	324	6
Blue Cross/Blue Shield	130	64	70	82	141	33	2	522	9
Private Insurance	68	96	216	126	166	49	0	721	12
Other	286	63	148	147	192	23	4	863	15
<u>MARITAL</u>									
Never Married	319	308	414	485	568	337	23	2,454	42
Married	309	202	303	231	281	229	5	1,560	27
Separated	43	52	85	50	72	91	0	393	7
Divorced	112	174	242	177	201	324	8	1,238	21
Widowed	10	36	39	16	24	32	1	158	3
<u>EMPLOYMENT</u>									
Full-Time	368	158	331	239	324	108	3	1,531	26
Part-Time	61	57	90	122	140	30	1	501	9
Unemployed	364	557	662	598	682	875	33	3,771	65
<u>AVERAGE MONTHLY INCOME</u>									
0 - 300	407	615	752	723	819	877	35	4,228	73
301 - 600	61	66	103	76	96	62	1	465	8
601 - 1000	114	52	95	102	105	37	1	506	9
1001+	211	39	133	58	126	37	0	604	10

TABLE 4

FIRST ADMISSIONS TO CHEMICAL DEPENDENCY PROGRAMS
(CALENDAR YEAR 1982)

	ALCOHOL	FAMILY	MONTANA COURT SCHOOLS
REGION I			
Glasgow Chemical Dependency Center	329	301	0
District I - Glasgow	112	32	91
District II - Glendive	211	115	284
District III - Miles City	<u>141</u>	<u>28</u>	<u>157</u>
	793	476	532
REGION II			
Medicine Pine Lodge - Browning	75	12	11
Fort Belknap - Harlem	54	1	10
Hill-Top - Havre	242	18	109
Providence - Great Falls	<u>401</u>	<u>51</u>	<u>177</u>
	772	82	307
REGION III			
Rimrock - Billings	602	77	423
Sweet Grass Co Foundation - Big Timber	10	3	14
Big Horn Co Alcohol - Hardin	31	3	132
A/D Serv of Central MT - Lewistown	53	42	51
Musselshell Co A/D - Roundup	39	29	10
SC MT Alco/Drug - Billings	<u>348</u>	<u>121</u>	<u>31</u>
	1,083	275	661
REGION IV			
Tri-County Alco Serv - Bozeman	215	57	304
PDC of Park County - Livingston	60	12	52
Alco Serv of Anaconda/DL Co - Anaconda	113	7	23
Powell Co. Alco Ctr - Deer Lodge	57	6	6
Community Alco Serv - Butte	187	19	120
Butte Indian Alcohol Program	39	9	0
Boyd Andrew Service Center - Helena	235	78	119
Bozeman Drug	<u>53</u>	<u>1</u>	<u>0</u>
	959	189	624
REGION V			
Missoula Alcohol Services	298	114	215
Ravalli Co CDS - Hamilton	69	21	75
Missoula Indian A/D Program	17	0	0
Flathead A/D Abuse Ctr - Ronan	113	25	14
ASC of Lincoln/Sanders Counties - Libby	205	86	85
Flathead Valley CDS - Kalispell	<u>444</u>	<u>83</u>	<u>287</u>
	1,146	329	676
GALEN	1,013	140	0
LIGHTHOUSE	37	0	0
STATE TOTAL:	5,803	1,491	2,800

TABLE 5

MONTANA COURT SCHOOL (DUI)
ADMISSION CHARACTERISTICS
FIRST ADMISSIONS
(CALENDAR YEAR 1982)

<u>CLIENT CHARACTERISTICS</u>	<u>REG I</u>	<u>REG II</u>	<u>REG III</u>	<u>REG IV</u>	<u>REG V</u>	<u>STATE</u>	<u>PERCENT</u>
Total First Admissions	532	307	661	624	676	2,800	100
<u>SEX</u>							
Male	466	259	566	526	568	2,385	85
Female	66	48	95	98	108	415	15
<u>RACE</u>							
White	487	251	533	597	644	2,385	85
Black	0	0	0	2	2	4	.5
Native American	34	52	108	17	26	237	8
Hispanic-Mexican	8	2	18	6	4	38	1
Other	3	2	2	2	0	9	.5
<u>AGE</u>							
0-17	15	4	12	9	19	59	2
18-20	69	56	78	113	107	423	15
21-25	119	76	146	151	140	632	22
26-30	93	54	108	109	106	470	17
31-44	132	61	182	131	184	690	25
45-65	97	46	124	99	103	469	17
65+	7	10	11	12	17	57	2
<u>HEALTH INSURANCE</u>							
None	179	123	257	234	302	1,095	39
Medicare/Medicaid	12	12	18	26	36	104	4
Blue Cross/Blue Shield	83	57	80	87	98	405	14
Private	119	89	146	146	139	639	23
Other	139	26	160	131	101	557	20
<u>MARITAL</u>							
Never Married	235	153	252	312	324	1,276	46
Married	187	95	241	189	184	896	32
Separated	16	3	22	16	23	80	3
Divorced	88	47	132	96	123	486	17
Widowed	6	9	14	11	22	62	2
<u>EMPLOYMENT</u>							
Full-Time	397	175	377	297	316	1,562	56
Part-Time	30	34	78	85	76	303	11
Unemployed	105	98	206	242	284	935	33
<u>AVERAGE MONTHLY INCOME</u>							
0-300	142	138	267	319	358	1,224	44
301-600	70	47	103	96	98	414	15
601-1000	94	66	117	107	102	486	17
1,001+	226	56	174	102	118	676	24

As displayed in Table 5, individuals admitted to Montana Court Schools tend to be young, employed, white males. Fifty-six percent of court school clients are under 30 compared with 54 percent of primary treatment admissions to alcohol programs.

A big difference in employment status is noted as 56 percent of court school clients are employed at time of admission compared with 26 percent of treatment admissions. Income reported by court school clients is considerably higher than reported by treatment clients, 56 percent of court school clients have incomes in excess of \$300 per month whereas only 27 percent of the clients admitted for treatment report incomes over \$300 per month.

The data suggest that for these individuals this is the first contact with either the criminal justice system or alcohol treatment. Of the 3,004 persons who were admitted to the Montana Court School, only 204 were readmissions.

Family Members

The majority of family members admitted as clients to alcohol programs are women (78%). It is significant to note that 18 percent of family clients are under the age of twenty. This information suggests that treatment programs are impacting the children affected by chemically dependent persons.

Fifty-one percent of family members were employed at admission compared with only 35 percent of primary treatment admissions; however, 67 percent of family clients report their incomes to be less than \$300 per month.

Alcohol programs throughout the state stress services to family members and all programs are encouraged to admit family members as clients. (See Table 6)

Source of Referral

The criminal justice and court system accounts for the largest number of referrals to alcohol programs (29 percent of all referrals). Program outreach efforts are also important as evidenced by the large number of self-referrals (22 percent). The referral network between alcohol programs throughout the state has consistently accounted for a large number of client referrals (20 percent). Family and friends referred 11 percent of all program clients. (See Table 7)

Admissions to Alcohol Treatment Programs by County of Residence

Table 8 shows the number of persons admitted to alcohol programs from each county. Yellowstone, Montana's most populated county, had the most residents admitted to a state approved alcohol program followed by Flathead, Missoula and Cascade. During the reporting period the Coal Board funded an alcohol program at Colstrip which reports on the MIS system and that accounts for 7% increase per thousand admissions in Rosebud County (20.2%) statistics. Admission rate per thousand for each of Montana's counties is displayed in Table 9. The average for the entire state is 7.0 persons per thousand.

TABLE 6

FAMILY MEMBER CHARACTERISTICS AT ADMISSION
TO CHEMICAL DEPENDENCY PROGRAMS - FIRST ADMISSIONS

(CALENDAR YEAR 1982)

<u>CLIENT CHARACTERISTICS</u>	<u>REG.I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>	<u>GALEN</u>	<u>STATE</u>	<u>PERCENT</u>
Total First Admissions	476	82	275	189	329	140	1,491	100
<u>SEX</u>								
Male	135	17	51	35	70	24	332	22
Female	341	65	224	154	259	116	1,159	78
<u>RACE</u>								
White	429	73	269	181	302	123	1,377	92
Black	1	0	1	0	1	1	4	0
Native American	43	8	4	8	26	13	102	7
Hispanic/Mexican	2	0	1	0	0	3	6	1
Other	1	1	0	0	0	0	2	0
<u>AGE</u>								
0-17	70	8	43	28	46	5	200	13
18-20	20	2	8	14	26	12	82	5
21-25	48	8	27	24	24	20	151	10
26-30	61	15	44	28	44	21	213	14
31-44	143	19	103	61	132	42	500	34
45-64	127	29	47	29	53	36	321	22
65+	23	1	3	5	4	4	24	2
<u>HEALTH INSURANCE</u>								
None	107	27	96	85	101	55	471	32
Medicare/Medicaid	18	3	16	10	13	23	83	6
Blue Cross/Blue Shield	130	25	32	39	49	23	298	20
Private Insurance	64	24	87	37	83	27	322	21
Other	157	3	44	18	83	12	317	21
<u>MARITAL</u>								
Never Married	104	10	66	50	87	19	336	23
Married	312	42	151	102	203	98	908	61
Separated	14	8	27	9	10	7	75	5
Divorced	37	19	29	28	26	15	154	10
Widowed	9	3	2	0	3	1	18	1
<u>EMPLOYMENT</u>								
Full-Time	196	26	108	69	113	52	564	38
Part-Time	55	15	48	24	40	15	197	13
Unemployed	225	41	119	96	176	73	730	49
<u>AVERAGE MONTHLY INCOME</u>								
0 - 300	334	49	170	132	225	96	1,006	67
301 - 600	26	10	31	18	25	15	125	8
601 - 1000	44	9	40	26	40	14	173	12
1001+	72	14	34	13	39	15	187	13

TABLE 7

SOURCE OF REFERRAL AT ADMISSION
TO CHEMICAL DEPENDENCY PROGRAMS

(CALENDAR YEAR 1982)

<u>CLIENT CHARACTERISTICS</u>	<u>REG. I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>	<u>GALEN</u>	<u>LIGHT- HOUSE</u>	<u>STATE</u>	<u>PERCENT</u>
Self	149	186	394	300	168	79	20	1,296	22
Hospital	12	13	99	12	12	32		180	3
CMHC	15	4	13	2	10	3		47	1
Private MD	17	6	11	10	14	25		83	1
Public Health	3		2			2		7	0
Own Program	10	22	3	29	25	3		92	2
Court School	81		2	9	7			99	2
AA, Alanon, Alateen	13	14	25	4	12	15		83	1
Other Alcohol Program	224	106	118	145	125	466		1,184	20
Voc Rehab	2	1		1	4			8	0
Social Services	16	20	44	31	29	16	1	157	3
Courts	45	229	58	108	405	98	1	944	16
Police Probation, Parole	53	56	124	176	133	114	11	667	12
Attorney, Legal Aid	8	14	2	5	21	4	3	57	1
Employer	29	5	13	43	4	5		99	2
Church	6	4	4	2		3		19	0
School	8	9	7	6	64			94	2
Spouse/Family	57	45	120	44	66	74	1	407	7
Friends	21	37	39	20	39	66		222	4
TV, News, Ads	8		1	5	4			18	0
Other	14	1	4	4	4	1		28	1
Unknown	<u>2</u>	<u> </u>	<u> </u>	<u>3</u>	<u> </u>	<u>7</u>	<u> </u>	<u>12</u>	<u>0</u>
 TOTAL	 793	 772	 1,083	 959	 1,146	 1,013	 37	 5,803	 100

TABLE 8

FIRST ADMISSIONS TO CHEMICAL DEPENDENCY PROGRAMS
BY COUNTY OF RESIDENCE

(CALENDAR YEAR 1982)

<u>CLIENT CHARACTERISTICS</u>	<u>REG. I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>	<u>LIGHT- CALEN</u>	<u>HOUSE</u>	<u>STATE</u>
Carter	4					1		5
Custer	39	1	6	4		12	1	63
Daniels	7	1						8
Dawson	95	2	1			17	1	116
Fallon	14		2		1	1		18
Garfield	2							2
McCone	10					2		12
Phillips	28	7	1					36
Powder River	6		3		1	2		12
Prairie	3					2		5
Richland	139	3	1	1		9		153
Roosevelt	52	4	7	3	2	8		76
Rosebud	116	10	42	2	3	27		200
Sheridan	41	1	1	1		4		47
Treasure	3				1		1	5
Valley	46	2	2	2		1		53
Wibaux	<u>3</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>3</u>
SUB-TOTAL REGION I	608	31	66	12	8	86	3	814
Blaine	3	55		1		2		61
Cascade	10	323	3	4	5	40	3	388
Chouteau		11						11
Glacier	1	87	3		3	13		107
Hill	19	53	2	2		10		86
Liberty		5						5
Pondera		25				4		29
Teton	1			18		7		26
Toole	<u>—</u>	<u>24</u>	<u>1</u>	<u>1</u>	<u>—</u>	<u>4</u>	<u>—</u>	<u>30</u>
SUB-TOTAL REGION II	34	583	9	26	8	80	3	743
Big Horn	10	3	71			43	1	128
Carbon	4	1	32			6		43
Fergus	2	6	45	3		7		63
Golden Valley		1	10			1		12
Judith Basin		2	3			2		7
Musselshell	9		31			4		44
Petroleum			1					1
Stillwater	3	1	18			6		28
Sweet Grass			11			1		12
Wheatland	1		11			3		15
Yellowstone	<u>26</u>	<u>9</u>	<u>664</u>	<u>3</u>	<u>4</u>	<u>139</u>	<u>4</u>	<u>849</u>
SUB-TOTAL REGION III	55	23	897	6	4	212	5	1,202

TABLE 8 (continued)

FIRST ADMISSIONS TO CHEMICAL DEPENDENCY PROGRAMS
BY COUNTY OF RESIDENCE CY 1982

<u>CLIENT CHARACTERISTICS</u>	<u>REG. I</u>	<u>II</u>	<u>III</u>	<u>IV</u>	<u>V</u>	<u>CALEN</u>	<u>HOUSE</u>	<u>STATE</u>
Beaverhead	1	1	3	53		26		84
Broadwater				15		3		18
Deer Lodge	1	4		138		37	1	181
Gallatin		2	9	174		29	2	216
Granite				13		5		18
Jefferson				31		12	2	45
Lewis & Clark	8	29	2	134	1	69	2	245
Madison	1		1	31		4		37
Meagher		1	2	9		3		15
Park	1	3	1	62	1	27		95
Powell		3		56		28	3	90
Silver Bow	<u>3</u>	<u>6</u>	<u>2</u>	<u>179</u>	<u>1</u>	<u>80</u>	<u>3</u>	<u>274</u>
SUB-TOTAL REGION IV	15	49	20	895	3	323	13	1,318
Flathead	40	33		8	429	26	1	537
Lake	1	5		2	85	25		118
Lincoln	6	4		1	181	37	1	230
Mineral				1	11	4		16
Missoula	6	2	2	3	288	102	9	412
Ravalli					77	26	1	104
Sanders	<u>1</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>26</u>	<u>6</u>	<u>—</u>	<u>33</u>
SUB-TOTAL REGION V	54	44	2	15	1,097	226	12	1,450
OUT-OF-STATE	27	42	89	5	26	86	1	276
TOTAL	793	772	1,083	959	1,146	1,013	37	5,803

TABLE 9

FIRST ADMISSIONS TO CHEMICAL DEPENDENCY PROGRAMS
BY COUNTY OF RESIDENCE AND ADMISSION RATE PER THOUSAND

(CALENDAR YEAR 1982)

<u>COUNTY</u>	<u>1980 CENSUS</u>	<u>CHEMICAL DEPENDENCY ADMISSIONS</u>	<u>ADMISSION RATE PER THOUSAND</u>
Carter	1,799	5	2.8
Custer	13,109	63	4.8
Daniels	2,835	8	2.8
Dawson	11,805	116	9.8
Fallon	3,763	18	4.8
Garfield	1,656	2	1.2
McCone	2,702	12	4.4
Phillips	5,367	36	6.7
Powder River	2,520	12	4.7
Prairie	1,836	5	2.7
Richland	12,243	153	12.5
Roosevelt	10,467	76	7.3
Rosebud	9,899	200	20.2
Sheridan	5,414	47	8.7
Treasure	981	5	5.0
Valley	10,250	53	5.2
Wibaux	<u>1,476</u>	<u>3</u>	<u>2.0</u>
REGION I	98,122	814	8.3
Blaine	6,999	61	8.7
Cascade	80,696	388	4.8
Chouteau	6,092	11	1.8
Glacier	10,628	107	10.0
Hill	17,985	86	4.8
Liberty	2,329	5	2.1
Pondera	6,731	29	4.3
Teton	6,491	26	4.0
Toole	<u>5,559</u>	<u>30</u>	<u>5.4</u>
REGION II	143,510	743	5.2
Big Horn	11,096	128	11.5
Carbon	8,099	43	5.3
Fergus	13,076	63	4.8
Golden Valley	1,026	12	11.7
Judith Basin	2,646	7	2.6
Musselshell	4,428	44	9.9
Petroleum	655	1	1.5
Stillwater	5,598	28	5.0
Sweet Grass	3,216	12	3.7
Wheatland	2,359	15	6.4
Yellowstone	<u>108,035</u>	<u>849</u>	<u>7.9</u>
REGION III	160,234	1,202	7.5

TABLE 9 (continued)

FIRST ADMISSIONS TO CHEMICAL DEPENDENCY PROGRAMS
 BY COUNTY OF RESIDENCE AND ADMISSION RATE PER
 THOUSAND - CALENDAR YEAR 1982

<u>COUNTY</u>	<u>1980 CENSUS</u>	<u>CHEMICAL DEPENDENCY ADMISSIONS</u>	<u>ADMISSION RATE PER THOUSAND</u>
Beaverhead	8,186	84	10.3
Broadwater	3,267	18	5.5
Deer Lodge	12,518	181	14.5
Gallatin	42,865	216	5.0
Granite	2,700	18	6.7
Jefferson	7,029	45	6.4
Lewis & Clark	43,039	245	5.7
Madison	5,448	37	6.8
Meagher	2,154	15	7.0
Park	12,660	95	7.5
Powell	6,958	90	12.9
Silver Bow	<u>38,092</u>	<u>274</u>	<u>7.2</u>
REGION IV	184,916	1,318	7.1
Flathead	51,966	537	10.3
Lake	19,056	118	6.2
Lincoln	17,752	230	13.0
Mineral	3,675	16	4.4
Missoula	76,016	412	5.4
Ravalli	22,493	104	4.6
Sanders	<u>8,675</u>	<u>33</u>	<u>3.8</u>
REGION V	199,633	1,450	7.3
Yellowstone Park	275		
STATE TOTAL	786,690	5,527	7.0
OUT-OF-STATE		267	
TOTAL		5,803	

TABLE 10

CHEMICAL DEPENDENCY CLIENTS - REASON FOR DISCHARGE BY PROGRAM
(CALENDAR YEAR 1982)

PROGRAM	CLIENT LEFT VOLUNTARILY	CLIENT INACCESSIBLE	CLIENT DIED	TX PLAN COMPLETED	PROGRAM CAN'T PROVIDE REQUIRED SERVICES/REFERRED	TOTAL	% COMPLETING TX BY PROGRAM
Tri-County-Bozeman	88	17	1	69	20	195	35
Rimrock-Billings	341	3	0	513	5	862	60
Hill-Top - Havre	99	4	0	171	14	288	59
SCMADP-Billings	106	11	3	75	31	226	33
District I-Glasgow	61	14	0	58	26	159	36
FVDC-Kalispell	299	16	0	119	68	502	24
District II-Glendive	67	53	1	100	34	255	39
Medicine Pine-Browning	31	1	10	141	1	184	77
FRACAP-Ronan	46	3	1	18	9	77	23
Fort Belknap-Harlem	8	31	1	17	5	62	27
Lincoln/Sanders Co-Libby	88	39	1	135	20	283	48
Powell Co-Deer Lodge	20	14	0	21	5	60	35
Anaconda/Deer Lodge Co-Anaconda	34	8	0	73	9	124	59
Boyd Andrew-Helena	77	21	1	95	26	220	43
Galen	480	3	2	1,189	97	1,771	67
Missoula Indian	2	3	0	0	1	6	0
Butte Indian	19	12	0	34	12	77	44
Providence-Great Falls	340	9	2	279	29	659	42
ADS of Ctr Mt-Lewistown	25	10	1	32	7	75	43
PDC of Park Co-Livingston	27	20	1	19	13	80	24
CDC-Glasgow	78	3	0	301	11	393	77
CAS-Butte	25	14	2	65	2	108	60
Missoula Alcohol Services	68	20	0	87	9	184	47
Ravalli Co CDS-Hamilton	27	18	0	20	13	78	26
Sweet Grass Co-Big Timber	3	0	0	9	1	13	69
Big Horn Co-Hardin	32	2	2	1	1	38	3
District III-Miles City	38	13	0	68	12	131	52
Musshelshell-Roundup	10	8	0	35	7	60	58
Bozeman Drug	21	16	0	24	3	64	38
Lighthouse	17	0	0	23	7	47	49
TOTAL	2,577	386	29	3,791	498	7,281	52
PERCENT	35%	5%	1%	52%	7%	100%	

Reason for Discharge

Table 10 displays reason for discharge by program. The table shows that 52 percent of the clients discharged from chemical dependency programs completed their treatment plan.

Follow-Up Information on Primary Chemical Dependency Clients

All state-approved chemical dependency programs are required to do a follow-up, for the purpose of determining treatment effectiveness, 6 months after the client's treatment plan has been completed. Chemical dependency programs attempted to follow-up over 1,750 clients during 1982 and successfully contacted 49 percent. As shown in Table 11, of the 861 follow-up contacts, 42 percent indicated they were involved in AA or a maintenance program, 52 percent were employed and 76 percent reported total abstinence.

Highway Patrol Data

The 1982 Annual Report published by the Montana Highway Patrol indicates that 59 percent of drivers killed had been drinking prior to the accident. Forty-three percent of passengers killed had been drinking and 65 percent of pedestrians killed had been drinking.

In 1982, more fatal accidents occurred between 10:00 p.m. and 11:00 p.m. than any other hour of the day, on Saturday than any other day of the week and in August than any other month of the year.

As pointed out in this report by the Chief Administrator of the Highway Patrol, "The percent of drinking drivers has shown a decrease for the first time in several years. Increased enforcement, citizen involvement in reporting drunk drivers, and tougher penalties for DUI should help keep the drunk driver problem on the decline." (Tables 12 and 13)

Death Statistics

According to 1980 data published by the Bureau of Records and Statistics, accidents are the third leading cause of deaths in Montana following heart disease and cancer. Over half (57 percent) of the accidental deaths were attributable to motor vehicle accidents. Accidents involve younger people than those dying from heart disease or cancer and motor vehicle accidents involve even younger people than other types of accidents. Seventy-two percent of all accidental deaths in the 15-24 year age group resulted from motor vehicle accidents; forty-nine percent of deaths from all causes in the 15-24 age group were from motor vehicle accidents.

Cirrhosis of the liver and chronic liver disease ranks as the tenth leading cause of death in Montana. Cirrhosis of the liver for the state's 45-64 year old age group ranked as the fourth leading cause of death in 1980. (Table 14)

2.4 Discussion of Drug Data

In previous state plans drug use of clients was separated into alcohol and other major drugs with a separate analysis of client characteristics in each primary group. With drug programs integrated into alcohol programs during the reporting period, data available is for chemical dependency.

TABLE 11

FOLLOW-UP INFORMATION - 6 MONTHS AFTER DISCHARGE FROM CHEMICAL DEPENDENCY PROGRAMS
(CALENDAR YEAR 1982)

PROGRAM	NUMBER OF FOLLOW-UP ATTEMPTS	% OF FOLLOW-UPS COMPARED TO ANNUAL # OF DISCHARGES WHO COMPLETE TX	NUMBER OF SUCCESSFUL FOLLOW-UP CONTACTS	PERCENT CONTACTED	% IN A MAINTENANCE PROGRAM	PERCENT EMPLOYED	PERCENT ABSTINENT
Tri-County/Bozeman	67	97	45	67	44	73	71
Rimrock/Billings	398	75	98	25	60	60	85
Hill-Top/Havre	135	79	45	33	73	67	73
So. Central MT ADP/Billings	46	55	38	83	42	68	76
District I/Glasgow	44	76	31	71	55	68	74
FVCD5/Kalispell	46	35	37	80	54	78	84
District II/Glendive	37	37	23	62	48	78	70
Medicine Pine/Browning	137	97	90	66	2	16	31
FRACAP/Ronan	0	0	0	0	0	0	0
Fort Belknap/Harlem	7	41	6	86	17	33	67
ASC Linc/Sanders Co/Libby	108	80	61	57	20	43	79
Powell Co/Deer Lodge	19	90	10	53	60	50	80
Anaconda/Deer Lodge Co/Anaconda	75	100	59	79	9	14	86
Boyd Andrew/Helena	67	55	33	49	64	70	88
Missoula Indian	1	100	1	1	0	100	100
Butte Indian	19	56	17	90	53	47	59
Providence/Great Falls	160	54	11	7	55	64	67
ADS of Ctr MT/Lewistown	40	100	21	53	76	86	86
PDC of Park Co/Livingston	9	47	8	89	88	75	100
Community Alco Serv/Butte	97	84	63	65	37	41	92
Missoula Alcohol Services	77	59	56	73	41	70	91
Ravalli Co CDS/Hamilton	34	100	21	62	71	52	91
Sweet Grass Co/Big Timber	6	67	4	67	25	50	75
Big Horn Co/Hardin	3	100	0	0	0	0	0
District III/Miles City	43	63	24	56	50	29	67
Musshelshell/Roundup	6	17	6	100	50	67	67
Bozeman Drug Program	12	50	7	58	0	86	86
Lighthouse	12	52	9	75	67	44	100
Pine Hills CDP/Miles City	23	53	19	83	32	47	63
Swan River CDP/Swan Lake	23	58	18	78	56	39	94
MT ST Prison/Deer Lodge	3	100	0	0	0	0	0
TOTAL	1,754	68	861	49	42	52	76

TABLE 12
FATALITIES AND DRINKING
1982

M O N T A N A

	<u>DRIVERS</u>		<u>PASSENGERS</u>		<u>PEDESTRIANS</u>		<u>BICYCLISTS</u>		<u>TOTAL</u>	
<u>Month</u>	<u>Killed</u>	<u>HBD</u>	<u>Killed</u>	<u>HBD</u>	<u>Killed</u>	<u>HBD</u>	<u>Killed</u>	<u>HBD</u>	<u>Killed</u>	<u>HBD</u>
January	11	3	10	3	1	0	0	0	22	6
February	3	1	0	0	0	0	0	0	3	1
March	9	6	4	3	1	1	1	0	15	10
April	17	11	8	6	1	0	0	0	26	17
May	17	9	3	2	1	0	0	0	21	11
June	13	7	6	1	4	3	0	0	23	11
July	19	15	10	7	1	1	2	0	32	23
August	15	11	16	7	2	2	0	0	33	20
September	14	9	5	2	3	2	2	0	24	13
October	13	10	6	1	1	1	0	0	20	12
November	13	5	8	1	1	0	0	0	22	6
December	6	2	6	2	1	1	0	0	13	5
TOTAL	150	89	82	35	17	11	5	0	254	135

HBD - had been drinking (.05% blood alcohol or more)

59% of drivers killed had been drinking
43% of passengers killed had been drinking
65% of pedestrians killed had been drinking
53% of all persons killed had been drinking

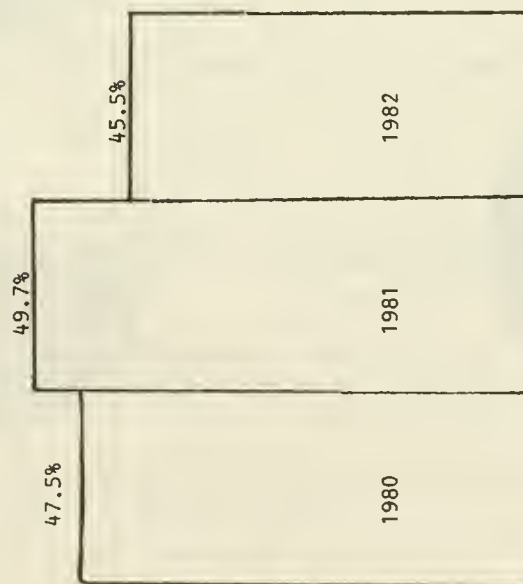
Source: Montana Highway Patrol, 1982 Annual Report

TABLE 13

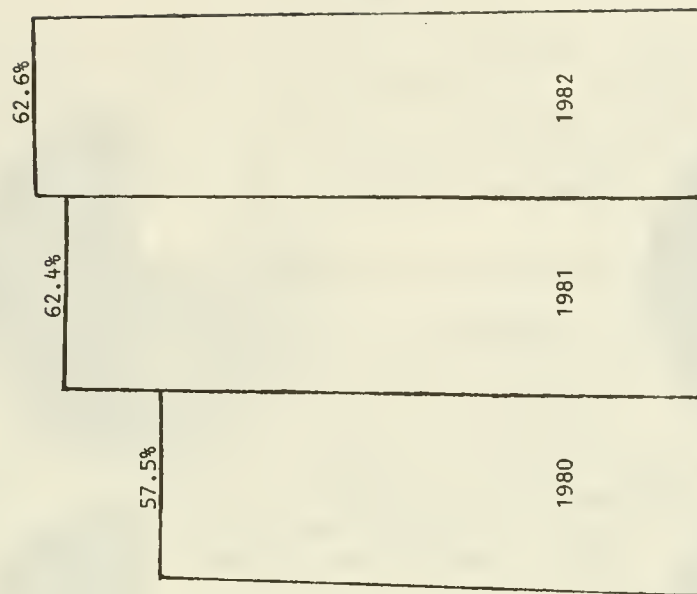
ALCOHOL AND HIGHWAY DEATHS

AMONG ADULTS ALCOHOL RELATED
TRAFFIC DEATHS ARE THE LEADING
CAUSE OF ACCIDENTAL DEATHS.
ONLY HEART DISEASE AND CANCER
KILL MORE MONTANANS.

MORE YOUNG PEOPLE AGES 13 TO
19 LOST THEIR LIVES BECAUSE OF
A DRIVER UNDER THE INFLUENCE
OF ALCOHOL THAN ANY OTHER
ACCIDENTAL CAUSE.



% of Drinking Drivers in
Fatal Traffic Accidents

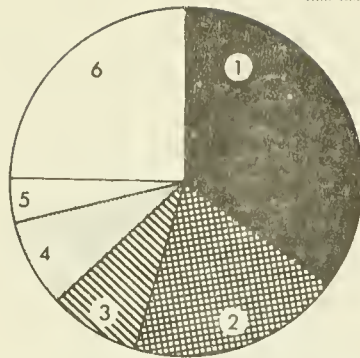


% of Persons Killed in Alcohol
Related Traffic Accidents

Source: Montana Highway Patrol
1982 Annual Report

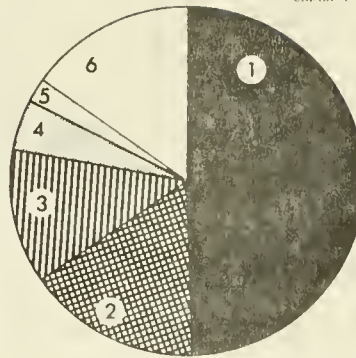
Table 14
LEADING CAUSES OF DEATH BY AGE GROUP
Montana, 1980
(By Place of Residence)

ALL AGES



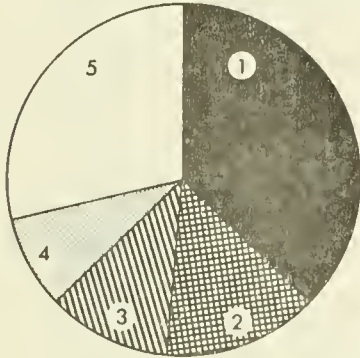
Cause of Death	Number of Deaths
1. Heart Disease	2,332
2. Cancer	1,291
3. Accidents	570
4. Stroke	557
5. Chronic Obstructive Pulmonary Diseases	262
6. Other Causes	1,652
Total Deaths	6,664

UNDER 1 YEAR



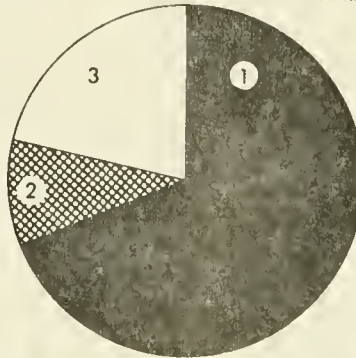
Cause of Death	Number of Deaths
1. Diseases of Early Infancy	87
2. Congenital Anomalies	28
3. Sudden Infant Death	22
4. Accidents	8
5. Pneumonia & Influenza	4
6. Other Causes	27
Total Deaths	176

1-4 YEARS



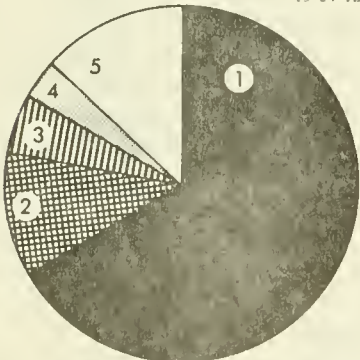
Cause of Death	Number of Deaths
1. Accidents	14
2. Congenital Anomalies	5
3. Cancer	4
4. Heart Disease	3
5. Other Causes	10
Total Deaths	35

5-14 YEARS



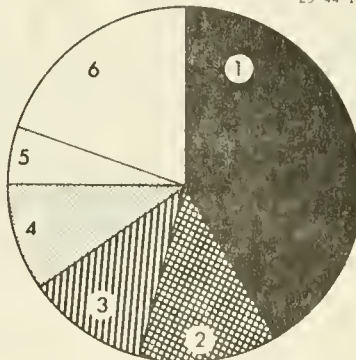
Cause of Death	Number of Deaths
1. Accidents	29
2. Cancer	4
3. Other Causes	9
Total Deaths	42

15-24 YEARS



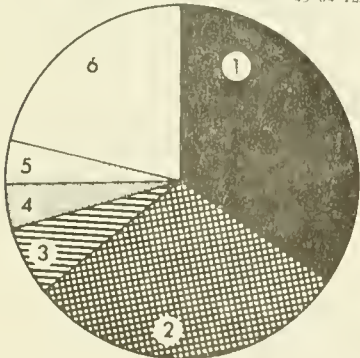
Cause of Death	Number of Deaths
1. Accidents	165
2. Suicide	28
3. Homicide	13
4. Cancer	9
5. Other Causes	33
Total Deaths	248

25-44 YEARS



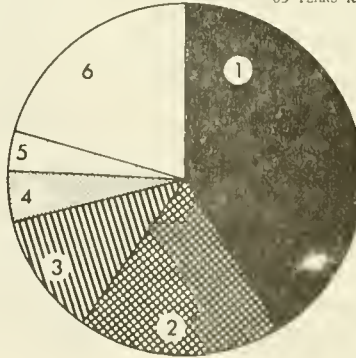
Cause of Death	Number of Deaths
1. Accidents	159
2. Cancer	49
3. Suicide	43
4. Heart Disease	38
5. Homicide	20
6. Other Causes	76
Total Deaths	385

45-64 YEARS



Cause of Death	Number of Deaths
1. Heart Disease	465
2. Cancer	395
3. Accidents	86
4. Cirrhosis of Liver	58
5. Chronic Obstructive Pulmonary Diseases	53
6. Other Causes	287
Total Deaths	1,344

65 YEARS AND OVER



Cause of Death	Number of Deaths
1. Heart Disease	1,820
2. Cancer	829
3. Stroke	499
4. Chronic Obstructive Pulmonary Diseases	207
5. Pneumonia & Influenza	166
6. Other Causes	913
Total Deaths	4,434

The primary drug of use at admission into a treatment program was alcohol, 76%, followed by marijuana, 9% and amphetamines, 4%. During the year there was a significant increase in the number of marijuana clients admitted for treatment (129 in 1981 and 509 in 1982) with a small increase for amphetamines (164 in 1981 and 225 in 1982) due in part to the new reporting system implemented. (Table 16)

Analyzing all drugs at discharge, 47% of the client were abstinent. (Table 15)

2.5 Correctional Institution Chemical Dependency Programs - Discussion of Data

Correctional chemical dependency programs at Montana State Prison, Swan River Youth Forest Camp and Pine Hills School for Boys are under programmatic and administrative supervision of the Department's Corrections Division. In FY 84 the Prison will have two chemical dependency counselors and the other institutions, one each. The correctional counselors report client treatment information to the Alcohol and Drug Abuse Division on the Alcohol and Drug Information System. (Table 17 and 18)

Swan River

Swan River admitted 59 persons to the chemical dependency program in CY 1982. The majority of admissions (59 percent) were for alcohol related problems followed by abuse of marijuana at 18 percent.

Five Native Americans were admitted, accounting for 8 percent of the caseload. Twenty-eight persons were under the age of twenty-one (47 percent) and thirty-one persons (53 percent) were between the ages of twenty-one and twenty-five.

Pine Hills School for Boys

The counselor at Pine Hills School for Boys admitted fifty-four boys to the Institution's chemical dependency program.

Forty-six percent of the admissions to this program were reported to be for the abuse of alcohol, surpassed by marijuana at 50 percent.

Twelve Native Americans were admitted accounting for 22 percent of the caseload.

Montana State Prison

During CY82, twenty-one persons were admitted to the prison's chemical dependency program. Nine of the twenty-one persons reported alcohol to be the major problem.

Of the twenty-one admissions none were Native Americans or other minority. Six persons were 21-25, four were 26-30, nine were 31-44 and one over forty-five.

The chemical dependency Counselor position at Montana State Prison was vacant for part of CY82 which accounts for the small caseload.

TABLE 15

CHEMICAL DEPENDENCY CLIENTS - ALCOHOL/DRUG USE AT DISCHARGE
(CALENDAR YEAR 1982)

PROGRAM	ABSTINENCE	LESS THAN ONCE PER WEEK	ONCE A WEEK	SEVERAL TIMES PER WEEK	DAILY	TOTAL	PERCENT ABSTINENT
Tri-County-Bozeman	81	24	24	43	23	195	42
Rimrock-Billings	177	44	83	534	24	862	21
Hill-Top-Havre	210	22	6	26	24	288	73
SCMADP-Billings	108	28	14	45	31	226	48
District I-Glasgow	66	27	13	22	31	159	42
FVDC-Kalispell	263	119	48	61	11	502	53
District II-Glendive	138	44	19	35	19	255	54
Medicine Pine-Browning	55	8	7	58	56	184	30
FRACAP-Ronan	21	9	13	21	13	77	27
Fort Belknap-Harlem	23	20	5	9	5	62	37
Lincoln/Sanders Co-Libby	147	64	33	24	15	283	52
Powell Co - Deer Lodge	34	10	4	8	4	60	57
Anac/Deer Lodge Co-Anaconda	81	11	11	15	6	124	65
Boyd Andrew-Helena	161	21	6	22	10	220	73
Calen	835	17	14	36	869	1,771	47
Missoula Indian	4	0	1	1	0	6	67
Butte Indian	43	5	13	11	5	77	56
Providence-Great Falls	137	41	29	60	392	659	21
ADS of Ctr MT-Lewistown	34	6	9	17	9	75	45
PDC of Park Co-Livingston	49	5	8	7	11	80	61
CDC-Glasgow	301	92	0	0	0	393	77
CAS-Butte	89	10	3	5	1	108	82
Missoula Alcohol Services	121	40	3	10	10	184	66
Ravalli Co CDS-Hamilton	36	4	8	24	6	78	46
Sweet Grass Co-Big Timber	10	2	0	0	1	13	77
Big Horn Co-Hardin	19	1	6	7	5	38	50
District III-Miles City	72	10	12	22	15	131	55
MuskeShell-Roundup	43	2	3	4	8	60	72
Bozeman Drug	28	8	7	9	12	64	44
Lighthouse	45	0	0	0	2	47	96
TOTAL	3,431	694	402	1,136	1,618	7,281	47
PERCENT	47%	10%	5%	16%	22%	100%	

TABLE 16

PRIMARY DRUG OF ABUSE AT ADMISSION BY PROGRAM
(CALENDAR YEAR 1982)

CHEMICAL DEPENDENCY PROGRAMS	NONE	ALCOHOL	OPIATES	BARBS	AMPHET	COCAINE	MARIJ	HALLUC	INHAL	TRANQ	OTHER	TOTAL
Tri-County/Bozeman		213				1	1					215
Rimrock	1	426	19	12	27	17	72	19	5	4		602
Hill-Top		201	1		6	2	27	1	2	2		242
SC MT A/D/Billings	2	218	7	9	33	17	41	14	2	5		348
FVCD5/Kalispell		352	9	5	21	8	34	6	3	6		444
District I	1	105					5	1				112
District II	1	186	1		2	1	17		1	1	1	211
Medicine Pine	1	74										75
FRACAP/Ronan		65	2	1	3	2	31	1	5	3		113
Ft. Belknap		53								1		54
ASC L/S Co/Libby	1	190		2	1		9			2		205
Powell Co/Deer Lodge		56			1							57
AS A/DL Co/Anaconda		91	1	1	9	1	4	2	2	2		113
BASC/Helena	2	186	1		11	4	26	3		2		235
Galen	11	911	9	10	10	2	35	3	6	6	10	1,013
Msla Indian		16							1			17
Butte Indian		37	1				1					39
Providence	1	296	3	2	28	14	24	13	3	11	6	401
ADS CT MT/Lewistown		50					3					53
PDC/PC/Livingston		58									2	60
CDC/Glasgow		251		4	5	5	58		3	3		329
CAS/Butte	1	64	12	22	27	1	31	16	8	5		187
Msla Alco Serv	1	153	19	2	22	26	46	6	10	10	3	298
Ravalli/Hamilton		65	1	1			1	1				69
SG Co/Big Timber		10										10
Big Horn Co/Hardin		27			1	1	2					31
District III	7	114		1	2	3	12			1	1	141
Musshel/Roundup	1	33					5					39
Bozeman Drug		1	3	2	10	8	17	7	2	3		53
Lighthouse	2	4	5		6	5	12	1	1	1		37
TOTALS	32	4,401	94	74	225	118	509	93	54	88	23	5,803
PERCENT		76%	2%	1%	4%	2%	9%	2%	1%	2%	1%	

TABLE 17

CORRECTIONAL INSTITUTION CHEMICAL DEPENDENCY CLIENTS
RACE AND AGE AT ADMISSION

(CALENDAR YEAR 1982)

<u>PROGRAM</u>	<u>TOTAL NUMBER</u>	<u>A G E</u>					<u>R A C E</u>					
		<u>0-17</u>	<u>18-20</u>	<u>21-25</u>	<u>26-30</u>	<u>31-44</u>	<u>45+</u>	<u>White</u>	<u>Black</u>	<u>American Indian</u>	<u>Hispanic Mexican</u>	<u>Asian</u>
MT State Prison Chem. Dep. Program	21	1		6	4	9	1	21				
Pine Hills School Chem. Dep. Program	54	38	16					38	1	12	3	
Swan River YFC Chem. Dept. Program	59		28	31				53		5		1
TOTAL	134	39	44	37	4	9	1	112	1	17	3	1
PERCENT	100%	29%	33%	28%	3%	7%		83%	1%	13%	2%	1%

TABLE 18

PRIMARY DRUG AT ADMISSION
TO CORRECTIONAL INSTITUTION CHEMICAL DEPENDENCY PROGRAMS

(CALENDAR YEAR 1982)

<u>PRIMARY DRUG</u>	<u>NUMBER</u>	<u>PERCENT</u>	<u>MONTANA STATE PRISON CDP</u>	<u>PINE HILLS SCHOOL FOR BOYS CDP</u>	<u>SWAN RIVER YOUTH FOREST CAMP CDP</u>
Opiates	2	1	2	0	0
Alcohol	69	52	9	25	35
Barbiturates	1	.5	0	0	1
Amphetamines	7	5	3	0	4
Cocaine	5	3	2	0	3
Marijuana	41	31	3	27	11
Hallucinogens	9	7	2	2	5
Inhalants	0	0	0	0	0
Over-the-Counter	0	0	0	0	0
Tranquilizers	1	.5	0	0	1
Other	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
TOTAL	134	100%	21	54	59

3.0 Functional Plan

I. Administration

A. Alcohol and Drug Abuse Division Organization

The Alcohol and Drug Abuse Division exists within the Department of Institutions and is the designated state authority for alcohol and drug services. All major management functions, with the exception of sub-contractor reimbursement and on-site financial monitoring are performed by ADAD; these latter two functions are the responsibility of the Department's Management Services Division

ADAD staff roles and responsibilities are functionally defined under a two-bureau organization which includes a Community and Program Development Bureau and a Reporting and Evaluation Bureau, (see organizational chart, Exhibit 2).

The Community and Program Development Bureau has three sections:

- 1) Community and Program Assistance Section
- 2) Direct Services Section
- 3) Special Services Section

The Community and Program Development Bureau staff are responsible for training, supervision of Montana drug clinics, certification, prevention activities and special services which include coordination of the Montana Court Schools and drinking driver campaigns.

The Reporting and Evaluation Bureau has two sections:

- 1) Planning and Management Information Section
- 2) Program Evaluation and Approval Section

Staff of the Reporting and Evaluation Bureau are responsible for program monitoring and on-site evaluations, program approval, operation of the computerized alcohol and drug management information system including data retrieval and analysis, coordination of county planning and the development of the state plan for alcohol and drugs.

The Division is guided by the Montana Advisory Council on Alcohol and Drug Dependency. (For a list of Council Members see Exhibit 3.)

B. Administration of Alcohol and Drug Programs

1. Administration of Alcohol programs and Distribution of Liquor Tax Funds

The Department of Institutions distributes earmarked alcohol tax monies to counties based on a formula of 85 percent of a counties population in proportion to the total state population and 15 percent is allocated to the counties according to the proportion of the county's land area to the state's land area. The law also provides for incorporated cities to receive 30 percent of the liquor tax from the County Treasurer and for counties to retain 4.5 percent for administration (See Tables 20 and 21, Liquor Tax Distribution Information).

EXHIBIT 2

ORGANIZATION CHART
MONTANA ALCOHOL AND DRUG ABUSE DIVISION

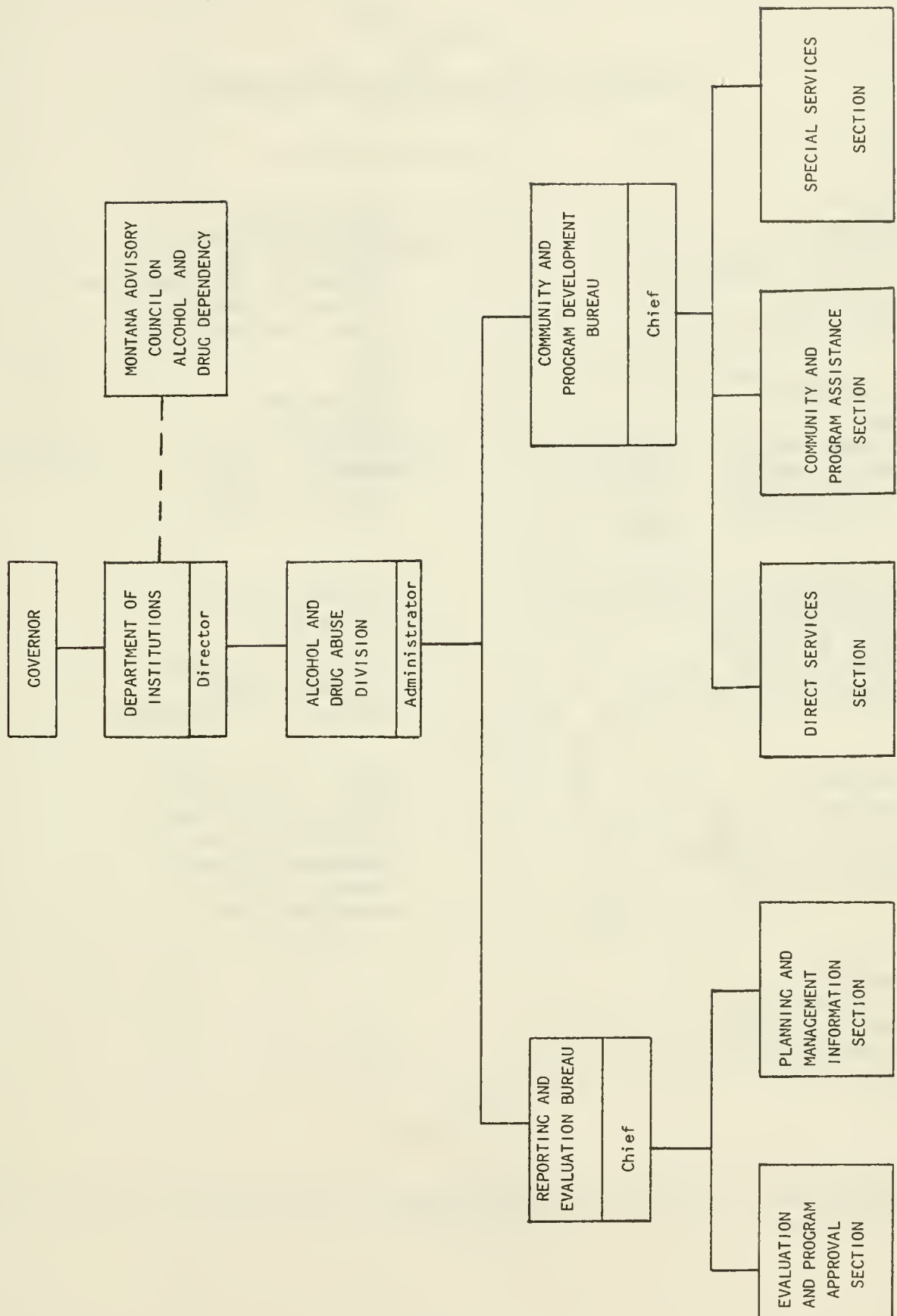


EXHIBIT 3

MONTANA ADVISORY COUNCIL ON ALCOHOL AND DRUG DEPENDENCY

TOM CLAVIN

Alpha Industries

Office Phone: 443-2997

Office Address: 705 Front Street

Helena, MT 59601

Representing Liquor Industry

JOSEPH PLUMAGE

Indian Health Service

Office Phone: 657-6403

Home Address: 3420 Winchell Lane

Billings, MT 59102

Member: Gros Ventre Tribe

LARRY FASBENDER

Farmer

Home Phone: 264-5730

Address: Route 1, Box 23

Fort Shaw, MT 59443

PEGGY SKELTON

Business Woman

Home Phone: 549-3147

Address: 204 Simons

Missoula, MT 59801

Member: Crow Tribe

MARTHA S. HERLEVI

Home Phone: 446-2871

Address: 221 East 11th

Red Lodge, MT 59068

Representing Senior Citizens

WILLIAM SPOJA, JR.

Attorney

P. O. BOX 882

Office Phone: 538-8767

Lewistown, MT 59457

Representing Law Enforcement

B. DEAN HOLMES

Businessman

Office Phone: 222-2841

Business Address: KPRK Radio

Livingston, MT 59047

ROBERT L. VanHORNE, Ph.D.

Retired, School of Pharmacy

University of Montana

Home Phone: 251-3834

Address: 4 Martha's Court

Missoula, MT 59801

SHARON PETTIT

Single Parent Family

Office Phone: 449-4740

Home Address: 715 Power

Helena, MT 59601

The Advisory Council membership has been established so that both minority and poverty interests are represented.

TABLE 19

ESTIMATED LIQUOR TAX
FY 84

Earmarked Alcohol Revenue

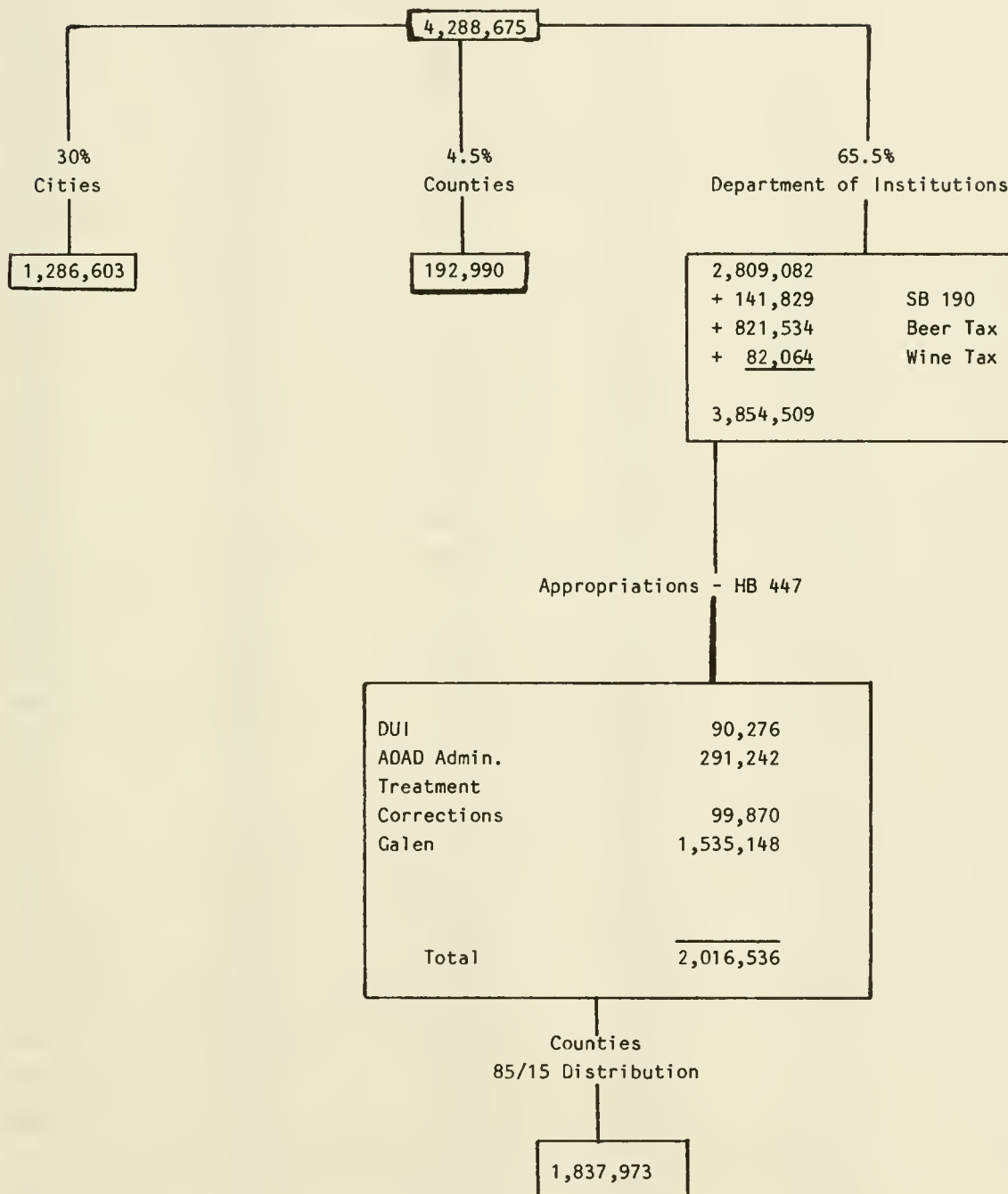


TABLE 20
FY82, 83, 84 County Alcohol Earmarked Tax

	FY 1982	FY 1983	82 to 83	FY 1984	83 to 84
	Actual	Estimated	Incr/Decr	Actual	Increase
Beaverhead	22,527	21,061	(1,466)	26,793	5,732
Big Horn	26,546	24,818	(1,728)	31,572	6,754
Blaine	18,509	17,305	(1,204)	22,014	4,709
Broadwater	7,357	6,881	(476)	8,753	1,872
Carbon	16,820	15,728	(1,092)	20,009	4,281
Carter	8,288	7,750	(538)	9,859	2,109
Cascade	139,030	129,983	(9,047)	165,357	35,374
Choteau	16,439	15,370	(1,069)	19,552	4,182
Custer	27,887	26,072	(1,815)	33,168	7,096
Daniels	7,037	6,579	(458)	8,369	1,790
Dawson	23,497	21,969	(1,528)	27,948	5,979
Deer Lodge	22,089	20,652	(1,437)	26,272	5,620
Fallon	8,888	8,312	(576)	10,574	2,262
Fergus	28,609	26,745	(1,864)	34,024	7,279
Flathead	94,991	88,811	(6,180)	112,980	24,169
Gallatin	75,612	70,691	(4,921)	89,930	19,239
Garfield	9,874	9,230	(644)	11,742	2,512
Glacier	22,479	21,017	(1,462)	26,736	5,719
Golden Valley	3,589	3,356	(233)	4,269	913
Granite	7,278	6,801	(477)	8,652	1,851
Hill	34,709	32,450	(2,259)	41,282	8,832
Jefferson	14,376	13,440	(936)	17,098	3,658
Judith Basin	7,418	6,936	(482)	8,823	1,887
Lake	34,213	31,986	(2,227)	40,691	8,705
Lewis & Clark	77,431	72,393	(5,038)	92,095	19,702
Liberty	6,185	5,783	(402)	7,357	1,574
Lincoln	35,574	33,260	(2,314)	42,312	9,052
Madison	8,671	8,107	(564)	10,314	2,207
McCone	14,724	13,769	(955)	17,516	3,747
Meagher	7,354	6,874	(480)	8,745	1,871
Mineral	8,089	7,561	(528)	9,619	2,058
Missoula	131,135	122,601	(8,534)	155,967	33,366
Musselshell	10,408	9,729	(679)	12,377	2,648
Park	25,334	23,686	(1,648)	30,132	6,446
Petroleum	3,732	3,491	(241)	4,441	950
Phillips	17,279	16,155	(1,124)	20,552	4,397
Pondera	13,868	12,964	(904)	16,492	3,528
Powder River	9,454	8,839	(615)	11,244	2,405
Powell	15,346	14,349	(997)	18,254	3,905
Prairie	5,825	5,447	(378)	6,929	1,482
Ravalli	41,372	38,677	(2,695)	49,203	10,526
Richland	23,766	22,219	(1,547)	28,266	6,047
Roosevelt	21,285	19,902	(1,383)	25,318	5,416
Rosebud	24,570	22,970	(1,600)	29,221	6,251
Sanders	18,922	17,690	(1,232)	22,504	4,814
Sheridan	11,747	10,981	(766)	13,969	2,988
Silver Bow	64,766	60,550	(4,216)	77,029	16,479
Stillwater	12,215	11,417	(798)	14,524	3,107
Sweetgrass	8,308	7,766	(542)	9,880	2,114
Teton	14,502	13,557	(945)	17,247	3,690
Toole	12,394	11,589	(805)	14,743	3,154
Treasure	3,209	3,001	(208)	3,817	816
Valley	25,053	23,424	(1,629)	29,799	6,375
Wheatland	6,206	5,801	(405)	7,380	1,579
Wibaux	3,885	3,632	(253)	4,621	989
Yellowstone	184,661	172,647	(12,014)	219,632	46,985
TOTAL	1,545,332	1,444,774	(100,558)	1,837,966	393,192

TABLE 21

ALLOCATION BY COUNTY OF COUNTY ALCOHOL EARMARKED TAXES

(FY84 PLANS)

1. BEAVERHEAD
100% to Beaverhead/Madison Chem. Dep. Facilities, Inc - outpatient
2. BIG HORN
100% to Big Horn County Alcohol Program - outpatient
3. BLAINE
50% to Hill-Top Recovery (70% inpatient - 30% outpatient)
50% to Fort Belknap - detoxification
4. BROADWATER
100% to Boyd Andrew Service Center - outpatient
5. CARBON
100% to Southcentral Montana Alcohol and Drug - outpatient
6. CARTER
100% to District III Alcohol and Drug Program - outpatient
7. CASCADE
100% to Providence Alcoholism Center - outpatient
8. CHOUTEAU
100% to Hill-Top Recovery (70% inpatient - 30% outpatient)
9. CUSTER
100% to District III Alcohol and Drug Program - outpatient
10. DANIELS
100% to District I Alcohol Program - outpatient
11. DAWSON
100% to District II Alcohol and Drug Program - outpatient
12. DEER LODGE
100% to Alcohol Service Center of Anaconda/Deer Lodge County - outpatient
13. FALLON
100% to District III Alcohol and Drug Program - outpatient
14. FERGUS
100% to Alcohol and Drug Program of Central Montana - outpatient
15. FLATHEAD
100% to Flathead Valley Chemical Dependency - outpatient
16. GALLATIN
100% to Alcohol Services of Gallatin County - outpatient

17. CARFIELD
100% to District III Alcohol and Drug Program - outpatient
18. GLACIER
50% to Hill-Top Recovery (70% inpatient - 30% outpatient)
50% to Medicine Pine Lodge - detoxification
19. GOLDEN VALLEY
100% to Musselshell County Alcohol and Drug Program - outpatient
20. GRANITE
50% to Alcohol Services Center of Anaconda/Deer Lodge Co - outpatient
50% to Powell County Alcoholism Center - outpatient
21. HILL
100% to Hill-Top Recovery (70% inpatient - 30% outpatient)
22. JEFFERSON
100% to Boyd Andrew Service Center - outpatient
23. JUDITH BASIN
100% to Alcohol and Drug Program of Central Montana - outpatient
24. LAKE
100% to Flathead Reservation Comprehensive Alcoholism Program
(70% outpatient, 20% intermediate, 10% detoxification)
25. LEWIS AND CLARK
100% to Boyd Andrew Service Center - outpatient
26. LIBERTY
100% to Hill-Top Recovery (70% inpatient - 30% outpatient)
27. LINCOLN
100% to Alcohol and Drug Program of Lincoln and Sanders County - outpatient
28. MADISON
100% to Beaverhead/Madison Chemical Dependency Facilities, Inc. - outpatient
29. McCONE
100% to District II Alcohol and Drug Program - outpatient
30. MEAGHER
100% to Problem Drinking Center of Park County - outpatient
31. MINERAL
100% to Regional Chemical Dependency Program - outpatient
32. MISSOULA
88% to Regional Chemical Dependency Program (22% intermediate and 66% outpatient)
9% to Missoula Indian Alcohol and Drug Services - outpatient
3% to St. Patrick's Hospital - detoxification

33. MUSSELSHELL
100% to Musselshell County Alcohol and Drug Program - outpatient
34. PARK
100% to Problem Drinking Center of Park County - outpatient
35. PETROLEUM
100% to Alcohol and Drug Program of Central Montana - outpatient
36. PHILLIPS
100% to District I Alcohol Program - outpatient
37. PONDERA
\$1,350 per month to Hill Top Recovery (70% inpatient, 30% outpatient)
38. POWDER RIVER
100% to District III Alcohol and Drug Program - outpatient
39. POWELL
100% to Powell County Alcoholism Center - outpatient
40. PRAIRIE
100% to District II Alcohol and Drug Program - outpatient
41. RAVALLI
100% to Ravalli Chemical Dependency - outpatient
42. RICHLAND
100% to District II Alcohol and Drug Program - outpatient
43. ROOSEVELT
100% to District I Alcohol Program - outpatient
44. ROSEBUD
100% to District III Alcohol and Drug Program - outpatient
45. SANDERS
100% to Alcohol and Drug Program of Lincoln and Sanders County - outpatient
46. SHERIDAN
100% to District I Alcohol and Drug Program - outpatient
47. BUTTE/SILVER BOW
81% to Community Alcoholism Services - outpatient
19% to Butte Indian Alcohol Program - intermediate
48. STILLWATER
100% to Southcentral Montana Alcohol and Drug Program - outpatient
49. SWEET GRASS
100% to Sweet Grass County Foundation - outpatient

50. TETON
100% to Boyd Andrew Service Center - outpatient
51. TOOLE
100% to Hill-Top Recovery (70% inpatient - 30% outpatient)
52. TREASURE
100% to District III Alcohol and Drug Program - outpatient
53. VALLEY
100% to District I Alcohol Program - outpatient
54. WHEATLAND
100% to Alcohol and Drug Program of Central Montana - outpatient
55. WIBAUX
100% to District II Alcohol and Drug Program - outpatient
56. YELLOWSTONE
83% to Rimrock Foundation (80% detoxification - 20% outpatient)
12% to Southcentral Alcohol and Drug Program - outpatient
5% to Contingency Fund (to be divided 83%, 12% at end of year to Rimrock and Southcentral)

Counties are responsible for:

- Planning - determining the best allocation of alcohol tax monies given local and state constraints and development of a county alcohol and drug plan.
- Provider Selection - Choosing and contracting with the provider(s) best qualified to deliver a service. Monies must be allocated to state-approved programs. (See table 21)
- Contract Compliance - Monitoring the activities of chosen contractors to assure optimum performance and making appropriate contract enforcement actions if necessary.

The Alcohol and Drug Abuse Division administers statewide alcohol services based on the following activities:

- Planning - Preparation of an annual state plan for alcohol and drugs based upon needs and information identified in county plans and legislative priorities.
- Funding - Distribution of Department discretionary block grant monies to state-approved programs that meet funding priorities.
- On-Site Program Evaluation and Approval - Alcohol and Drug Abuse Division staff conduct, at least annually, intensive on-site reviews of providers to ensure compliance with state laws and standards and to determine program approval status.
- Collection of Treatment Statistics - The Division will collect treatment statistics from all state-approved alcohol and drug programs using the computerized Alcohol and Drug Information System (ADIS).

As mandated by law, programs are state approved or disapproved on an annual basis according to specific approval criteria. A program must achieve and remain in approved status to qualify for state and county liquor tax funds.

C. Administration of Drug Abuse Treatment Programs

There are 10 outpatient drug clinics providing services throughout the state. With the exception of Bozeman they are operated through contracted services with existing alcohol programs. Programmatically, all clinics fall under the supervision of the Community and Program Development Bureau Chief, who monitors operations of the clinics and develops all contracts. This monitoring is also facilitated through on-site evaluations conducted by Division staff.

Lighthouse is a state operated drug treatment facility located in Galen, MT. Lighthouse is a component of Warm Springs/Galen State Hospital, which is part of the Department of Institutions, Mental Health and Residential Services Division. There are 15 residential drug treatment beds at Lighthouse.

Comprehensive on-site program evaluations of the outpatient drug clinics and Lighthouse are conducted annually by ADAD Evaluation staff to ensure program compliance with state standards. Technical Assistance is provided based upon weaknesses identified during the program evaluation as well as upon written request from any drug and alcohol program which wishes help with drug treatment programming.

Drug Slot Allocation

The Division uses a standardized procedure for allocating drug slots. Slots are assigned to existing programs and proposed for new programs based on:

1. Needs assessment - information which includes a description of the extent of the community's drug problem; primary drugs of abuse by sex, age and race; identification and documentation of need in the county's alcohol and drug plan; including identification of hard core (non-marijuana) abusers and Criminal Justice referrals.
2. Analysis of treatment data to ensure appropriate clients - priority is given to populations with the greatest clinical needs. Programs must assure ADAD that provisions will be made to meet the treatment needs of special populations particularly Native Americans, women and youth.
3. To ensure accessibility of services, geographic areas will be considered in distribution of treatment slots so that slots are allocated equitably statewide.
4. Allocations will be based on priorities as delineated in the State Alcohol and Drug Plan and approved county alcohol and drug plans.
5. A technical on-site evaluation will be made by ADAD staff prior to allocation or reallocation of slots.
6. Reallocation of slots will be made if a program's existing slots are underutilized, inappropriately or ineffectively utilized.

Contractor Selection

In selecting drug service contractors the Division will consider the following:

1. Any expansion of drug services will be made by contracting with existing state approved alcohol programs for development of a drug component as recommended in the Montana State Alcohol and Drug Plan, Montana State Health Plan and Montana Systems Plan.
2. In the event that more than one state approved alcohol program in a community applies for drug slots, priority will be given to the program having a state approved outpatient component for the purpose of avoiding duplication of services.

3. Ability of proposed contractor to manage a comprehensive drug program will be considered based on prior program evaluations.
4. Proposed contractor must be able to provide adequate program participation.
5. Geographic location will be considered so that accessibility and utilization of drug program services are maximized.

D. Contract Process

The Division will continue to follow a standardized procedure for reviewing proposals and awarding discretionary contracts. A Bidder's Conference is held each year to inform applicants of the contract system, funding priorities and review criteria. (See Appendix A.)

E. Contract Monitoring

It is the responsibility of the Division's Reporting and Evaluation Bureau to monitor programmatic compliance of each contract and the Department's Management Services Division to monitor financial compliance.

F. Budget Process

Budgets are developed annually by the Alcohol and Drug Abuse Division based upon historical costs and any anticipated expansions. The State of Montana operates on a July 1 through June 30 fiscal year. All Divisions within the Department prepare budgets in coordination with the Department's Management Services Division.

The Department of Institutions budget is submitted by the Management Services Division with approval from the Department Director, to the Governor's Office of Budget and Program Planning (OBPP) for review and approval. When approved, the Department of Institutions budget is included in the Executive Budget prepared by the OBPP.

After review by the OBPP, the Department of Institutions' budget is given to the legislative appropriations subcommittee. The subcommittee compares the Department's budget, included in the Executive Budget, to a similar budget prepared by the Legislative Fiscal Analyst. Through negotiations, a final budget is arrived at by the legislative appropriations subcommittee. The budget, as agreed upon by the subcommittee, the Office of Budget and Program Planning, and the Department of Institutions is submitted to the legislature for final appropriations. Appropriations are made on a biennial basis by the legislature.

G. Third Party Payments and Client Fees

The 1983 Montana Legislature passed a bill which required that benefits for the treatment of alcoholism and drug addiction must be made available in all group and individual health insurance policies (Section 33-22-703 MCA). Major changes in the new legislation in addition to mandatory group coverage include: payment of fees for treatment in free standing inpatient approved by the state alcohol authority, the same as hospitals, payment if the treatment plan is approved and monitored by either a physician or state certified chemical dependency counselor, minimum benefits of \$4,000 in any 24-month period and \$8,000 in lifetime benefits, and no less than 32 days of inpatient benefits. The above benefits don't go into effect until after December 31, 1983.

The Division published a Third Party Reimbursement Procedure Manual which is designed to assist community programs in filing insurance claims for treatment of alcoholism and drug dependency. The manual also explains the minimum benefits that insurance carriers must offer as an option in their policies.

The Division expects any alcoholism program receiving state discretionary monies to generate a percent of their total operating budget from client fees, 5 percent for Native American programs, 15% for outpatient, intermediate and inpatient care programs.

II. Management Information System Functional Plan

A. FY83 Performance Report - Management Information System

Objective 1 - Manage and maintain the computerized Alcohol and Drug Information System of all state-approved alcohol and drug programs and continue to process all DUI court school client information.

During FY1983, Division staff processed monthly information from the Alcohol and Drug Information System (ADIS) on all state approved treatment programs.

Basic descriptive information about each client is collected at admission, discharge and follow-up (6 months after completion of treatment). Information collected on the ADIS is used by the Division:

- to provide data comparing all programs using a standardized procedure
- to assist the State Office in assessing the need for additional services and in determining contract levels
- to assist in evaluation and management of existing programs
- to analyze programs' client populations
- to respond to requests for information

Output reports which summarize ADIS data are distributed for use by each program on a monthly basis. The output contains information about each reporting program. The following output reports are sent to all programs on a regular basis:

- Rejected Transactions Report - identifies all admission/readmission, discharge and follow-up reports which have been rejected due to reporting errors each month.
- Client Admission Characteristics Report - provides demographic and socio-economic information at admission for alcohol/drug, family and DUI clients.
- 90-Day Caseload Report - lists all treatment and DUI clients on active or inactive (not discharged) status at the end of each report month.
- Monthly Summary Report - Summarizes caseload, staffing, prevention and non-client contact information for all state approved programs during the report month.
- Monthly Follow-Up Listing - lists all alcohol and drug clients due a mandatory 6 month follow-up.
- Program Effectiveness Report - summarizes follow-up information and measures client changes between admission and discharge and between admission and the mandatory 6 month follow-up.

The Division processes approximately 2,500 report forms each month. In addition to processing ADIS data, Division staff provide technical assistance and training to treatment program personnel in data collection and data utilization. Technical assistance was provided on a continual basis to programs as requested. The Division also conducted five regional ADIS training workshops at Glendive, Havre, Billings, Kalispell and Butte in FY83.

Objective 2: To develop a procedures manual for processing incoming data for use at the state level by June 1983.

The Division began working on a processing manual; however, due to several major program and processing changes this objective was not completed and will be carried into the next fiscal year.

B. FY84 Proposed Activities - Management Information Systems

The Division will continue to manage the Alcohol and Drug Information System (ADIS). The ADIS is authorized under Chapter 24, Title 53, MCA. All state approved alcohol and drug treatment programs are required to submit client-related data. The purpose of ADIS is to collect current treatment information for use in planning, management and evaluation of treatment effectiveness. In addition, data is collected from Montana Court Schools.

The Statistical Package for the Social Sciences (SPSS) will be used to respond to special data requests. SPSS has proven useful for both state and program level applications because it allows the Division to respond to specific requests for data comparisons in a timely and cost effective manner with minimal consumption of staff time.

It is planned that at least one training session on data reporting and utilization will be provided to program personnel during the upcoming year. Also, staff will provide technical assistance upon written request.

C. FY83 Work Plan - Management Information Systems

Objective 1 - Manage and maintain the computerized Alcohol and Drug Information System for all state-approved alcohol and drug programs and continue to process all DUI court school client information.

Method

- a) Receive, edit and validate all management information data - monthly (approximately 3,000 forms per month)
- b) Identify reporting deficiencies and take corrective action to produce consistent and timely data - ongoing

- c) Analyze incoming data and generate output reports for planning, management and evaluation purposes at the state and local level - monthly
- d) Use the Statistical Package for the Social Sciences (SPSS) to respond to special requests for data - ongoing upon written request
- e) Train treatment personnel in data collection and data utilization to be accomplished with a minimum of one training session for each region annually and technical assistance - upon written request

Objective 2 - To develop a procedures manual for processing incoming data for use at the state level by June 1984.

Objective 3 - Work with evaluation section to determine compliance to reporting requirements and reduce error rates.

Method:

- a) Prior to each on-site evaluation, ADIS staff will meet with evaluation section to go over program ADIS reports and rejection rates to determine corrective action - ongoing.
- b) Review with evaluators assistance given or corrective action taken - ongoing.

III. Evaluation and Program Approval - Functional Plan

A. FY83 Performance Report - Evaluation and Program Approval

Objective 1: Conduct program evaluations of all alcohol treatment programs at least annually to determine approval status.

Program reviews are conducted by two program evaluators and when appropriate a Department fiscal analyst. Staff of the Division's evaluation section prepare an annual program review schedule and program directors are notified well in advance of an on-site visit. Criteria for program reviews is based upon the procedures outlined in the Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment Programs.

Following each program review, an evaluation report is given to the Program Director and Board Chairman. Programs are required to respond to the Division documenting that corrective actions have been taken to address any weaknesses identified during the evaluation in accord with time schedules established by ADAD. In cases where several areas of concern are noted during an evaluation or when a program fails to attain substantial compliance, the Division may schedule a follow-up on-site review to ensure that all deficiencies have been corrected. The Evaluation Section staff maintain a follow-up file, by program, which documents major recommendations, timetables for corrective action and date of program compliance.

On-site evaluations were conducted on all alcohol programs (32) including satellite offices. Ten programs received restricted approval status and an additional 11 mandatory 90-day follow-up evaluations were conducted.

Objective 2: Monitor and analyze program effectiveness
Indicators, quality assurance standards and outcome
measures established by ADAD.

During on-site program reviews conducted this year, evaluators gathered and analyzed program effectiveness and quality assurance information including:

- Number of contacts per client
- Completion ratios
- Client treatment outcomes
- Verification of client census
- Results of program effectiveness and utilization reviews
- Follow-up information
- Data originating from the program's quality assurance plan.

A quarterly program effectiveness output report, based on program follow-up information and selected effectiveness indicators, has been included as part of

the Division's Management Information System. Also the Division has included a chapter on data utilization, by service modality, in the Montana Alcohol and Drug Information System Instructional Manual. The chapter is intended to provide basic ideas to assist treatment programs in monitoring their effectiveness.

B. Internal Evaluation of the Alcohol and Drug Abuse Division

The internal evaluation of the Division is based on individual work plans presented in each functional section of the State Plan. The time frames presented for each objective are monitored by the Bureau Chief of Community and Program Development and by the Bureau Chief of Reporting and Evaluation as well as the respective section managers. The Division Administrator also monitors progress throughout the year. The State Advisory Council on Alcohol and Drug Dependency continually reviews the Division's progress and makes necessary recommendations.

Because the Division is responsible for providing overall direction and monitoring of community alcohol and drug programs and is also responsible for ensuring statewide compliance with state and federal standards, results of program review site visits are also considered to be indicators of ADAD performance.

C. Program Approval

Any program providing services for alcohol treatment and receiving alcohol earmarked revenue funds under 53-24-108 MCA is subject to approval by the Department of Institutions. The Department will issue approval for the following service components.

Detoxification (emergency care) component - services required for the treatment of persons intoxicated or incapacitated by alcohol and/or drugs. Detoxification involves clearing the system of alcohol and/or drugs and enabling individual recovery from the effects of intoxication. These services include screening of intoxicated persons, counseling of clients to obtain further treatment, and referral of detoxified persons to other appropriate treatment programs. Medical detoxification refers to short term treatment in a licensed medical hospital. Non-medical detoxification refers to short term treatment in a social setting with 24-hour supervision.

Inpatient (hospital care) component - treatment for persons requiring 24-hour supervision in a licensed hospital or suitably equipped medical setting licensed by the Department of Health under Section 50-5-201 MCA. Services include medical evaluation and health supervision; alcoholism education; organized individual, group and family counseling; discharge referral to necessary supportive services; and a client follow-up program after discharge.

Inpatient (free-standing care) component - treatment for persons requiring 24-hour supervision in a community based residential setting. Services include a physical exam signed by a licensed physician; alcoholism education; organized individual, group and family counseling; discharge

referral to necessary supportive services and a client follow-up program after discharge.

Intermediate (transitional living care) component - a non-medical residential facility in a community based setting. These facilities provide a transitional phase for individuals who have recently received alcoholism inpatient care services and require a moderately structured living arrangement. Services provided include counseling services (individual and group), alcoholism education and social and recreational activities. These individuals are encouraged to seek vocational rehabilitation, occupational training, education and/or employment as soon as possible.

Outpatient care component - services provided on a regularly scheduled basis to clients residing outside a program. Services include crisis intervention; counseling; alcohol education; referral services; and a client follow-up program after discharge.

Alcohol programs seeking approval for the first time or a program that proposes to add a new service must submit written application to the Department of Institutions, Alcohol and Drug Abuse Division. Within thirty days of receiving the application, the applicant will be notified in writing of acceptance or denial. If the application is accepted an on-site review will be scheduled.

All approved treatment programs will receive at least one on-site inspection per year. If an alcohol treatment program is determined to be in substantial compliance with state requirements, the department will renew a certificate of approval to the program for one year. Any approved treatment program that fails to meet substantial compliance will be issued a restricted approval which will be valid for not more than ninety days. Prior to expiration of the restricted approval, ADAD will conduct a follow-up inspection to determine if substantial compliance has been obtained. In the event substantial compliance has been obtained, approval status will be granted. If the program fails to meet substantial compliance, the department will begin steps to revoke the program's approval status. When the department begins procedures to remove a program's approval status, the program may request a hearing in accordance with procedures specified in the Administrative Procedures Act.

Definitions relating to program approval are as follows:

Approval - a status granted to an alcohol treatment program determined to be in substantial compliance with state requirements and applicable federal requirements.

Limited Approval - a status of state approval granted to alcoholism treatment programs which are requesting approval for the first time and that have not attained substantial compliance. Limited approval is granted to give new programs time to comply with state standards.

Restricted Approval - a status of state approval granted to an approved alcohol treatment program which has failed to maintain substantial compliance. Restricted status is issued for a maximum of ninety days in order to allow the program to meet substantial compliance. This approval cannot be renewed.

Revoke - invalidation of approval of an alcohol program.

Substantial Compliance - conformity with at least 70 percent of the rules and regulations for each applicable service component as published in the Administrative Rules of Montana.

Suspension - invalidation of approval of an alcohol treatment program for any period less than one year or until the department has determined substantial compliance and notifies the program of reinstatement.

D. FY84 Work Plan - Evaluation and Program Approval

Objective 1: Conduct program evaluations of all alcohol and drug treatment programs at least annually to determine approval status.

Method:

- a) Prepare annual site visit schedule by July 1, 1983.
- b) Conduct annual comprehensive on-site program reviews of all alcohol and drug programs including satellite offices - ongoing.
- c) Conduct mandatory 90 day follow-up evaluations as required, when a program fails to meet substantial compliance with evaluation criteria. Also provide technical assistance to programs who request assistance during the 90 day period - ongoing.
- d) Issue approval status based on results of the evaluation and develop program review and evaluation reports - within one week of the site visit - ongoing.
- e) Maintain a compliance file to document major recommendations and timetables for corrective action - ongoing.

Objective 2: Monitor and analyze program effectiveness indicators, quality assurance standards and outcome measures established by ADAD.

Method:

- a) The ongoing annual on-site program reviews will collect the following information:
 - o Number of contacts per client
 - o Completion ratios per component

- Client treatment outcomes
- Verification of client census
- Results of program effectiveness indicators
- Utilization reviews
- Follow-up information
- Data originating from the programs quality assurance plan

The above information will be compiled by program and analyzed quarterly.

- b) Collect data regarding compliance with quality assurance standards contained in the Revised Montana Program Approval and Evaluation Manual - ongoing.
- c) Utilize program effectiveness and outcome measures in FY 83 and FY 84 funding reviews - ongoing.

Objective 3: Coordinate with the ADIS staff to determine compliance to reporting requirements and to reduce the error rate statewide.

Method:

- a) Prior to each on-site evaluation, evaluators will meet with ADIS staff to review the program's ADIS reports and rejection rates to determine compliance - ongoing
- b) On-site evaluators will review the program's reporting process and develop a plan of corrective action, if necessary - ongoing.
- c) The evaluation section will monitor corrective action via the compliance file, which documents major recommendations and timetables for corrective action - ongoing.

Objective 4: Monitor compliance with certification standards in all approved alcohol and drug programs through its on-site evaluation process.

Method:

- a) During the on-site reviews, evaluators will gather personnel information necessary to determine programs compliance with certification standards - ongoing.
- b) Compliance with certification standards, or lack of it, will be documented in each evaluation report - ongoing.

Objective 5: Review requests for approval for new programs, program expansions and private-for-profit programs based on ADAD criteria.

Method:

- a) Follow the procedural steps outlined in "Montana Program Approval and Evaluation Manual for Alcoholism and Drug Abuse Treatment Programs" - Procedures for Requesting and Obtaining Approval, Pages 2 - 5 - ongoing.
- b) Coordinate with the Department of Health on certificate of need - ongoing.
- c) Determine if a duplication of service is present and if a need exists for the service - ongoing.
- d) Allow the request for approval, if it meets the above ADAD criteria - ongoing.

IV. Planning and Coordination - Functional Plan

A. FY83 Performance Report - Planning and Coordination

Objective 1 - To assess the needs of Montana for alcohol and drug services and develop a state plan with specific action strategies to meet identified needs.

The Department requested legislation allowing for the development of a long term (4 year) Chemical Dependency plan. This legislation passed and the new plan will be implemented in FY84 for FY's 84-87.

During FY83 county plan guidelines were revised allowing an update of the action strategy for FY84 unless the county experienced or expected a major change in needs assessment or county priority. The section reviewed and with some suggested changes recommended to the Department Director approval of the plans submitted for all fifty-six counties.

In FY83 the Department Director appointed a "Special Task Force for Study of Long Range Planning and Future Delivery of Alcohol and Drug Abuse Treatment in Montana." The planning section cooperated with and assisted, as requested, with projects of the task force. Both of the section's recommendations for long term plans to the task force were adopted as task force recommendations to the Department and adopted by the Legislature as noted above.

Objective 2 - To develop federal/state funding proposals and reports for the Division and provide technical assistance to programs in developing federal funding applications.

The planning section prepared the Division's Social Security Administration SSI grant applications which were funded during the fiscal year. During FY83 several counties requested and were provided on-site technical assistance with their county plans.

In FY83 the section developed the comprehensive state plan for alcohol and drug abuse prevention, education and treatment. As required by statute the section also prepared for the Department, to submit, the biennium report to the Legislature. The section also provided information to an interim legislative committee studying the various health problems of Montana's Native Americans.

During the fiscal year the Department submitted the federal Block Grant for Alcohol, Drug Abuse and Mental Health. The section developed the sections of the application pertinent to alcohol and drug abuse.

Objective 3 - Coordinate with other planning agencies to ensure a coordinated planning effort for alcohol and drug services.

During the fiscal year the section continued individual staff liaisons with Montana Health Systems Agency (HSA) and the State Health Planning and Development Agency (SHPDA) to share relevant planning information. The section also worked with the HSA and SHPDA on development of the alcohol and drug abuse components for their annual plans. The section also coordinated the Division's review and comments on Certificate of Need applications for proposed alcoholism services or facilities as requested by the Department of Health and Environmental Sciences.

Objective 4 - Publish and distribute the Alcohol and Drug Abuse Division's newsletter The Habit.

The section is also responsible for the coordination, writing and distribution, bi-monthly, of the Division's news letter "The Habit". During the fiscal year the section published six editions of the publication. Editions this year were printed by the Montana State Prison Industries print shop. The focus of the news letter continued to be information and treatment trends throughout the country focused to the interests of treatment professionals.

B. FY84 Proposed Activities - Planning and Coordination

Legislation passed by the last legislature (HB 312) provides for the development of both long term (4 year) county and state plans. During the fiscal year new guidelines for county plans will be developed and disseminated to counties for submission in January 1984. The new state chemical dependency plan will be expanded to include more information from the counties and will be developed to cover a four year period.

An ongoing function of the planning section is the development of proposals and grant applications for new and continued funding. Funding proposals will be developed for the Division if other revenue sources become available and if such application is deemed to be in the best interest of the Division and the Department. As in the past, technical assistance in applying for federal funding will be available to local programs if their proposed applications are in accord with the State Alcohol and Drug Plan and approved county plans.

Liaisons will be maintained with the State Health Planning and Development Agency and the Montana Health Systems Agency so that planning for alcohol and drug services within the State is a coordinated effort. As part of the planning for alcohol and drug services, Division staff will comment upon requests from the Department of Health and Environmental Sciences on Certificate of Need applications which are submitted to the Health Department for proposed alcoholism services or facilities.

Publication of the Division's newsletter will be continued on a bi-monthly basis for the purpose of maintaining communication between the state office and community programs.

C. FY84 Work Plan - Planning and Coordination

Objective 1 - To assess the needs of Montana for alcohol and drug services and develop a state plan with specific action strategies to meet identified needs.

Method:

- a) Revise guidelines and explanation of four year planning process to be sent to counties September 1983.
- b) County plans will be submitted by December 31, 1983 to the Department and will review for approval all plans prior to March 1984.
- c) Develop and have approved an outline for the new long term state chemical dependency plan prior to April 1984.
- d) Utilizing data from the four year county plans and other information develop a draft of a new four year state plan for FY 1984 - 1987 by June 1984.

Objective 2 - To develop federal/state funding proposals and reports for the Division and provide technical assistance to programs in developing federal funding applications.

Method:

- a) Identify and prepare funding applications for the Division as deemed appropriate - ongoing.
- b) Prepare special reports for Division (legislative, governor's, etc) as requested.
- c) Assist in preparing block grant funding application - as requested.
- d) Assist community programs in development of federal funding applications - upon written request.

Objective 3 - Coordinate with other planning agencies to ensure a coordinated planning effort for alcohol and drug services.

Method:

- a) Maintain individual staff liaisons with Montana Health Systems Agency (HSA) and the State Health Planning and Development Agency (SHPDA) to share relevant planning information - ongoing.
- b) Participate in development of alcohol and drug components of the SHPDA's Montana State Health Plan and the HSA's Montana Health Systems Plan in accord with timelines established by these agencies - ongoing.
- c) Coordinate Division review and comments on Certificate of Need applications for proposed alcoholism services or facilities as requested by the Department of Health and Environmental Sciences - ongoing.

Objective 4 - Publish and distribute the Alcohol and Drug Abuse Division's newsletter "The Habit".

Method:

- a) Coordinate the writing, editing and distribution of the newsletter - bi-monthly.
- b) Continue to prepare the newsletter "in-house" and use the Montana State Prison Shop for printing - ongoing.

V. Treatment and Rehabilitation Functional Plan

A. FY83 Performance Report - Treatment and Rehabilitation

Objective 1: Contract department discretionary funds and block grant funds (\$722,518) to alcoholism treatment programs based on ADAD review criteria and funding priorities.

In FY83 the Department received grant applications requesting \$831,646 of Department discretionary funds with program budgets totalling \$2,625,687. Recommendations for discretionary funding of alcoholism services were made by the grant review committee, Division Administrator, State Advisory Council and the Director of the Department of Institutions. A portion of the earmarked discretionary funding was distributed to counties through the 85/15 formula due to funding shortfall in FY83. (FY83 Discretionary Allocation Table 22)

Objective 2: Encourage program consolidation and development of multi-county or district programs.

In accord with legislative direction, the Division continued to encourage development of multi-county programs. Multi-county programs were given funding priority and the Division allowed counties that had or were proposing to form multi-county districts to submit a single multi-county plan rather than several individual county plans.

Objective 3: Determine the need for an extended care treatment component for alcoholics at Warm Springs/Galen State Hospital.

Due to federal and state funding shortfalls and cutbacks it was determined that any expansion of additional services at Warm Springs/Galen was not feasible during the FY84-85 biennium.

Objective 4: Amend existing or initiate new legislation to improve statewide alcohol and drug treatment programming.

During the 1983 Legislature the Division, through task force recommendations and public input, initiated several legislative bills to improve statewide alcohol and drug treatment services. The following bills were passed by the 48th Legislature:

TABLE 22

April 26, 1983

	FY 82		FY 83 Requested		Staff Recommendation		Advisory Council Recommendation		Administrator Recommendation		*83 Approved Budget		No. Contracted Clients	
	Total	State	Total	State	Total	State	Total	State	Total	State	Total	State	Outpatient	Month
Dist II Glendive	157,263	43,214	177,742	63,496	169,939	50,048	169,939	50,048	166,838	47,936	166,413	47,511	90	
Dist III Miles City	126,995	20,885	175,308	52,382	155,641	34,449	155,641	34,449	155,641	34,449	155,641	34,449	90	
Ft. Belknap	140,383	20,065	142,590	22,272	141,316	15,630	144,269	18,528	144,269	18,528	144,269	18,528	40	
Medicine Pine Lodge	159,325	20,848	190,505	22,448	189,422	17,664	189,422	17,664	189,422	17,664	189,422	17,664	10	
Hill-Top Recovery	266,332	89,333	302,023	131,874	277,513	73,317	285,705	73,317	285,705	80,247	285,705	80,247	80	
Providence	358,459	104,262	459,924	182,257	394,603	140,456	394,603	140,456	394,603	140,456	224,113	99,120	100	
A&D Central MT-Tewistown	71,634	16,594	79,083	21,307	77,705	18,244	77,705	18,244	77,705	18,244	77,705	18,244	50	
Musselshell-Roundup	29,895	12,873	33,182	13,641	33,182	11,681	33,182	11,681	33,182	14,712	33,182	14,712	30	
So. Cent M.H.-Billings	117,893	31,343	127,548	35,101	124,881	44,695	124,881	44,695	124,881	44,695	124,881	44,695	80	
Park/Meagher Cos.	69,510	30,290	77,166	33,468	74,229	30,834	74,229	30,834	74,229	30,834	74,229	30,834	67	
Tri-County Bozeman	157,843	20,290	192,529	30,960	181,300	34,287	181,300	34,287	181,300	35,287	181,300	35,287	100	
Butte Indian A&D	87,630	33,213	97,477	20,600	95,037	16,693	95,037	19,178	95,037	19,178	95,037	19,178	40	
Anaconda/Deer Lodge Co.	51,034	19,316	56,663	24,250	55,258	20,142	55,258	22,489	55,258	22,489	55,942	22,489	30	
Powell County	47,636	17,258	46,526	14,293	29,630	-0-	29,630	-0-	45,752	14,456	45,752	14,456	30	
Boyd Andrew	219,859	70,050	244,043	80,686	237,355	60,499	238,555	63,659	238,555	63,659	238,555	63,659	80	
Ravalli	58,331	8,084	64,630	9,264	64,095	10,362	64,095	10,362	64,095	10,362	64,095	10,362	30	
RCDF - Mineral Co.	-0-	-0-	18,538	8,568	12,566	1,502	15,625	4,410	15,625	4,410	15,625	4,410	10	
Lincoln/Sanders	124,936	56,565	140,210	64,389	135,638	60,173	135,638	60,173	135,638	60,173	135,638	60,173	110	
TOTALS	2,234,958	609,963	2,625,687	831,646	2,449,310	640,676	2,464,714	657,505	2,477,735	677,781	2,307,504	636,018		

Funding is Available:

Pat Emerson, Budget Analyst

Approved:

Carroll V. South, Director

Rev. 4/83

- HB223 - A bill to increase the period of involuntary treatment of an alcoholic from 30 to 40 days.
- HB279 - A bill to allow public and private alcoholism programs to be state-approved, denies private-for-profit programs eligibility to public funds and eliminates intermediate care before inpatient care.
- HB312 - A bill giving the Department rule-making authority in regards to county chemical dependency plans and changing the submission requirements for such plans to four years. Also changed the State Plan to a four-year process.
- HB360 - A bill giving the Department the authority to administer both alcohol and drug abuse programs within the State of Montana and indicating the term "chemical dependency" which is inclusive of the term alcohol and drug abuse.
- HB190 - A bill to generally revise the reimbursement laws. Provides collections for treatment at the Galen Alcoholism Service Center will be deposited to the credit of the alcohol earmarked account rather than the general fund.

Objective 5: Convert the state-operated outpatient drug treatment clinics to contracted components of existing state-approved alcoholism programs by September 1, 1982.

All state drug clinics were converted and contracted with existing alcohol service providers on October 1, 1982. Contracts were with Anaconda/Deer Lodge County in Anaconda; Butte/Silver Bow Health Department in Butte; and the Boyd Andrew Service Center in Helena.

The conversion was orderly with minimal disruption in services. The majority of staff transferred at each location and only a decrease in services was noted in Helena.

Objective 6: Continue to implement State Funding Standards for a minimum statewide caseload of 366 outpatient drug clients.

Other than Helena, all clinics maintained an average caseload utilization of over 100 percent with a total FY83 average of 108 percent for all clients. Because of low utilization the contract with the Boyd Andrew Service Center was reduced from an assigned matrix of 60 to 40 in March with an accompanying reduction of funding. These additional slots were not reallocated in FY83.

Objective 7: Stress quality client care and treatment effectiveness of treatment programs during FY83.

All alcohol and drug programs receiving funding by ADAD were required to develop goals and objectives which addressed program effectiveness. These programs effectiveness indicators are explained in the Alcohol and Drug Information System (ADIS) Manual, Chapter 6 and described later on in this section under the FY84 Work Plan. The goals and objectives were monitored quarterly by ADAD through quarterly reports. Program effectiveness and quality assurance criteria for each program was monitored through the on-site reviews.

Statistics on client treatment information are shown in Chapter II of this plan. Clients completing treatment reached 52 percent in CY82 while those discharged drug free was 47%. Follow-up information, on clients who have been out of treatment for six months, is also displayed and indicates a 76 percent abstinent rate of those contacted.

Objective 8: Provide treatment and rehabilitation monitoring for approximately twenty drug abusers and alcoholics that are recipients of federal supplemental Security Income (SSI) payments.

All clients that are recipients of federal Supplemental Security Income (SSI) payments have been contacted as needed and reports from counselors at community alcohol and drug programs have been received quarterly. Quarterly reports have been submitted at the Social Security Administration in Denver.

The client caseload has remained relatively constant due to continuing referral from administrative law judges. Montana caseload at the beginning of FY83 was 20 clients. During this fiscal year seven new clients were added and four terminated.

B. FY84 Proposed Activities - Treatment and Rehabilitation

Alcohol and Drug Programming

The Department distributed its discretionary monies in FY84 on a contract-for-services basis. These contract awards were made based on the following priorities:

- 1) Program met all goals and objectives in current contract with ADAD.
- 2) Program is in compliance with certification rules.
- 3) Rural counties that formed multi-county districts or contracted with urban programs for service.
- 4) Receipt of discretionary funding is justified.

In accord with legislative direction, the Division will continue to encourage development of multi-county or district programs. Multi-county programs were given funding priority and the Division allows counties that have formed multi-county programs to submit a single multi-county plan rather than individual county plans. The Division views consolidation of services and resources as a desirable means of reducing costs, increasing availability and accessibility of services and ultimately improving continuity of care.

As explained previously, in the FY1983 Plan, the Director of the Department of Institutions convened a special task force in 1982 to make recommendations about the organization of Montana's alcohol and drug service delivery network and to begin planning for the future funding of the state's treatment programs. Several of the task force recommendations were carried out in FY83 through legislation or department action. Specifically, they are: the reorganization of drug services into existing alcohol programs (department action); change to a four year state/county planning process (legislative-HB312); approval of for-profit programs (legislative-HB279); change in state law regarding insurance payments (legislative-SB107); reverting fee collection at Warm Springs/Galen Alcohol Program to the earmarked alcohol account (legislative-SB190); establish a minimum statewide fee schedule (department action); and continuation of discretionary funds (legislative appropriations). Other task force recommendations were either not supported by the department or the legislature.

The Division will continue to contract block grant funding to approved programs providing drug services for a minimum of 390 outpatient clients. (See Appendix B for a list of drug service providers.) All approved programs providing drug services funded by the Division are expected to maintain a 100 percent utilization rate of their allocated treatment slots. Any clinic falling under 100 percent utilization will receive a letter from the department notifying them of the deficiency; however, if a clinic falls under 100 percent utilization for three consecutive months, steps will be taken to reallocate treatment slots to a program or geographic area demonstrating greater need.

Efforts to demonstrate program effectiveness will be continued during FY84. As stated in the policy section of this plan, the purpose of Montana's treatment program is to "minimize identifiable problems caused by alcohol and drugs for society, while increasing abuser participation in socially acceptable, productive activities as an alternative to dysfunctional abuse." Along with established approval standards, the following indicators have been developed by the department for programs to demonstrate treatment effectiveness.

Detoxification

- Maintain at least 70% bed utilization
- Maintain 80% completion ratio
- Maintain 50% successful referral to other treatment

Inpatient

- Maintain at least 70% bed utilization
- Maintain 80% completion ratio
- Maintain follow-up contact with 70% of clients six months after completing treatment
- Document that 80% improved six months after discharge

Intermediate

- Maintain 70% bed utilization
- Maintain 80% completion ratio
- Document 75% successful referrals to employment or education programs at discharge
- Maintain follow-up contact with 70% of clients six months after completing treatment
- Document that 80% improvement six months after discharge

Outpatient

- Maintain 100% of required 1/20 staff to client ratio
- Provide at least two counseling sessions to client per month
- Maintain a 35% completion ratio
- Maintain follow-up contact with 50% of clients six months after completing treatment
- Document an 80% improvement six months after discharge

The above indicators are required to be incorporated into program goals and objectives and are monitored quarterly through reports and on-site reviews.

C. FY84 Work Plan - Treatment and Rehabilitation

Objective 1: Contract department discretionary funds and block grant funds (\$398,622) to alcoholism treatment programs based on ADAD review criteria and funding priorities.

Method

- a) Determine which programs qualify for funding by June 1983.
- b) Make funding recommendations by service provider to the Department Director and State Advisory Council by June 1983.
- c) Issue contracts to service providers by July 1983.

Objective 2: Encourage program consolidation and development of multi-county or district programs.

Method

- a) Allow counties that have formed a multi-county program to submit a single county plan - ongoing.

- b) Designate multi-county programs as discretionary funding priority - ongoing.
- c) Provide technical assistance to counties that are forming multi-county programs for the purpose of facilitating "state-approval" - ongoing.

Objective 3: Encourage all approved treatment programs to increase service revenue so that 25% of total operational budgets will be obtainable from this source by July 1984.

Method:

- a) Require 15% of the funds of the total operational budgets of alcohol programs under contract with the Department in FY 1984 be from service revenue - July, 1983.
- b) Encourage all programs to review their client fee schedules and DUI fee schedules to see if an upward revision is appropriate - ongoing.
- c) Based on available funding a workshop for all programs on 3rd party reimbursement - January, 1984.
- d) To encourage programs to charge all outside agencies for any services previously provided for free of charge e.g. training, prevention, etc. - ongoing.

Objective 4: Continue to contract to Approved Programs for a minimum statewide caseload of 390 outpatient drug clients.

Method

- a) Contract with all existing approved programs providing drug services for a minimum of assigned matrix at June of 1983 - July 1, 1983.
- b) Contract with an existing approved drug program or a current approved alcohol program without contracted drug services for 20 additional clients based on a documented need - October 1, 1983.
- c) All approved programs providing drug services receiving state and federal block grant funds will be expected to maintain 100 percent utilization - ongoing.
- d) Letters will be mailed noting deficiency for any program falling below 100 percent utilization - ongoing.

- e) Reallocate treatment slots from any program falling below 100 percent utilization for three consecutive months - ongoing

Objective 5: Stress quality client care and treatment effectiveness of treatment programs during FY83.

Method

- a) Monitor program effectiveness and quality assurance criteria during on-site reviews in accord with state approval standards - ongoing.
- b) Require that all programs receiving state funds develop goals and objectives which address program effectiveness and include these objectives as part of their FY84 contracts - July 1983.
- c) Monitor compliance to goals and objectives through reporting and on site reviews - ongoing.

Objective 6: Provide treatment and rehabilitation monitoring for approximately twenty drug abusers and alcoholics that are recipients of federal Supplemental Security Income (SSI) payments.

Method

- a) Contact each client quarterly to encourage participation in outpatient counseling, if necessary - ongoing.
- b) Contact each client's counselor at the community alcohol/drug treatment center quarterly to determine client's participation in treatment, current alcohol or drug usage, and treatment needs - quarterly.
- c) Prepare and submit quarterly reports to the Social Security Administration on each client's participation or non-compliance - ongoing.

VI. Prevention and Education Functional Plan

A. FY83 Performance Report - Prevention and Education

Objective 1: Support current level of Prevention Activities in local communities.

During CY82 state-approved alcohol and drug programs reported 928 school education and prevention presentations contacting approximately 23,590 students. During the same time period, programs also reported 2,445 public education and prevention presentations contacting approximately 28,980 people. These services are continually provided by state approved treatment programs at the request of schools and public organizations in local communities.

The Division provided support for local prevention activities through seven contracts, totaling \$18,513.

<u>Amount</u>	<u>Recipient</u>	<u>Activity</u>
\$ 1,600	School District #37, Shepherd	Design school based prevention project through training and review of existing programs.
\$ 2,158	Missoula Co. Health Dept.	Produce 5 TV and 5 radio PSA's on alcohol and drug abuse prevention.
\$ 3,000	Dorothy Dakar-Shannon	Provide six training sessions on implementation of alcohol TALK Project.
\$ 2,690	RCDP, Missoula	Provide 3-day training on MIP/ Intercept Program to 30 participants.
\$ 1,190	Tri-County, Bozeman	Two 1-day workshops on adolescent chemical abuse.
\$ 3,750	Butte/Silver Bow Health Dept.	Ten scholarships provided to attend "Alcohol & Drugs: Working with Adolescents & Schools" workshop of Community Intervention, Inc.
\$ 4,125	Flathead Valley CDS, Kalispell	Eleven scholarships provided to attend "Alcohol & Drugs: Working with Adolescents & Schools" workshop of Community Intervention, Inc.
<hr/>		
\$18,513		

Objective 2: Encourage and assist local schools to implement the Montana Teacher Guide for Alcohol Education in grades K-12.

The Division has continued to reprint and distribute the K-12 curriculum and to encourage its use in the school. Efforts at implementation have been frustrated by lack of available teachers training and support by the Office of Public Instruction.

Objective 3: Increase Prevention programs for the elderly and encourage use of NIDA training package "Keys to Healthy Aging"

Community Programs were informed of this training package through an articles in its ADAD newsletter "THE HABIT"; however, response for use of this package and additional related information was poor.

Objective 4: Increase Prevention activities offered by existing drug programs and require that each clinic deliver structured prevention education and early intervention.

All drug programs were required to use 15% of their operational budget on prevention/early intervention activities. Each program did develop and implement measurable objectives that were approved by the Division in the FY83 contracts. All programs were monitored monthly through both expenditure and activity reports.

The major early intervention activity was establishing Minors In Possession programs.

Objective 5: Determine a method for identifying high-risk youth and target prevention activities toward the group.

Attempts were made to contact other Western States to see if they had valid methods or questionnaires whereby high-risk youth are identified.

Because of phase-out of State Prevention Coordinators in most all states, as was the case in Montana, information was not available and this objective was not carried out.

Objective 6: To increase public awareness of problems associated with alcohol abuse in Montana through the NIAAA Public Education campaign.

Radio and TV PSA's were distributed to all community alcohol programs in Montana in FY83. On followup programs contacted believed that the PSA's were of high quality and received good visibility. Some programs failed, however, to have their own tags placed at the end of the announcement thus they were national rather than local spots.

B. FY84 Proposed Activities - Prevention

Staff and funding limitations at the state level makes it imperative that available time and resources be directed towards supporting community based prevention projects. ADAD funding guidelines stress program planning and development at the community level with strong community support for prevention activities and a local commitment toward program continuation funding.

The Division still continues to encourage the implementation of the Montana's Teachers Guide for Alcohol Education in grades K-12. Although efforts at its implementation have been frustrated by lack of available teacher training, lack of money for funding and lack of support by OPI, its use is still supported by the Division. During FY84 the Division will encourage the State Office of Public Instruction to print and distribute the curriculum to schools on a request basis. Also the Department will continue to print and distribute a limited amount of copies based on available funds. The Department will continue to provide on a limited basis alcohol and drug booklets and pamphlets to individuals and organizations.

Under provisions of block grant funding, all drug clinics will be required to provide prevention, education and early intervention activities at the level required in FY83. Each contract for drug program services will require that 15 percent of the budget be used to provide prevention programming. Also, all drug clinics will be required to develop measurable objectives relating to prevention activities and these objectives will be included as part of each contract. The Division will be responsible for monitoring progress towards stated goals and objectives on a quarterly basis.

Another prevention activity that will be continued during FY84 is a public awareness media campaign. Public service announcements emphasizing problems associated with drug abuse will be distributed for use by community programs. The Division will assist programs in having the announcements played on local television and radio stations. The public service announcements are targeted as follows:

- ° Youth - "It's a Fact ... Pot Hurts"

The Division will evaluate the use and effectiveness of the media campaign by July 1984.

C. FY84 Work Plan - Prevention and Education

Objective 1: Support current level of prevention activities in local communities.

Method

- a) Provide technical assistance to community programs in grant writing, and resource identification, - upon request.
- b) Review new substance abuse prevention/education films for use by interested organizations and communities - ongoing.

Objective 2: Encourage and assist local schools to implement the Montana Teacher's Guide for Alcohol Education in grades K-12.

Method

- a) Encourage State Office of Public Instruction to print and distribute the K-12 curriculum to communities and schools - ongoing.
- b) Provide copies of the K-12 curriculum to community programs and individuals only - upon request.

Objective 4: Maintain the current level of prevention activities offered by existing programs and require that each drug clinic deliver structured prevention, education and early intervention.

Method:

- a) Specify in each drug contract that 15 percent of the budget be used to provide prevention, education and early intervention activities - ongoing.
- b) Require all drug clinics to develop measurable prevention, education and early intervention objectives and include these as part of each contract - ongoing.

- c) Monitor drug clinic contract provisions for prevention, education and early intervention on a quarterly basis through activity and financial reports - ongoing.
- d) Monitor alcohol program reports of activities and expenditures to determine the level of prevention and education services - ongoing.

Objective 5: To increase public awareness of problems associated with marijuana abuse in Montana through the NIDA Public Education campaign.

Method:

- a) Contract for placement of Department of Institutions ADAD tags on radio and TV PSA's by September 1983.
- b) Distribute the following public service announcements to community programs by October, 1983:
 - o Youth - It's A Fact...Pot Hurts.
- c) Assist programs in having the public service announcements played on local television and radio stations - upon request
- d) Follow-up to determine effectiveness of the media campaign by January 1984.

Objective 6: Increase information on drugs and alcohol by providing sample literature.

Method:

- A. Provide sample pamphlets and booklets to individuals and agencies - upon request.
- B. Distribute all bulk literature received from NIAAA and NIDA to programs - ongoing.

VII. Certification and Training Functional Plan

A. FY83 Performance Report - Certification and Training

Objective 1: Continue all phases of counselor certification.

The Division continued certification efforts during FY83. At this time there are over 600 applicants, more than half of whom have submitted all or some of the required material. As part of the certification process, applicants are required to take a written and oral examination and to submit a taped work sample of a counseling session. Judges have been selected to serve as panelists on the oral examinations and to rate the taped work samples. Each panel is comprised of two certified field personnel and one certified Division staff member. These panels have convened bi-monthly. Written examinations were given by the Montana Employment Service at local job service offices throughout the state at least quarterly.

Both the written and oral examinations were reviewed prior to September 1982 for the purpose of increasing and upgrading the questions for both tests. All revisions in these tests were validated by a qualified test specialist.

Objective 2: To ensure counselor compliance with continuing education requirements.

All certified counselor files contain a record of applicable points toward the continuing education requirement of 30 points over a three year period. Any pertinent materials are submitted by the counselors for incorporation into his/her individual file.

Program directors are aware of the need for continuing education and are required to monitor the progress of certified personnel toward meeting this requirement.

All training proposals were reviewed to determine eligibility for certification and continuing education credit. Sponsors were informed of eligibility prior to advertising the training so as to include approval notice and certification point value of the event.

Objective 3: To design and coordinate a review and evaluation of the certification system after one full year of operation.

A review and evaluation of the certification system was accomplished by means of a questionnaire sent to 50 randomly selected applicants for certification. Respondents were asked to evaluate and comment on all phases of the process. Replies were summarized and those areas recommended for change were studied and held in abeyance until the July 1, 1983 deadline for all counselors to be certified. Changes in the system will be submitted for administrative rule review in July, 1983.

Objective 4: To continue to develop the intern educational program at Northern Montana College and Hill-Top Recovery Center in Havre.

An area of need in Montana was the development of a recognized training internship program. This objective was included in the FY82 State Plan and was carried over to FY83. College courses at Northern Montana College at Havre have been selected, as well as the clinical subjects to comprise the internship segment at Hill-Top Recovery Center also located in Havre. The intent of the proposal is to permit persons with no training or experience to obtain academic as well as clinical training in a continuous program upon completion of which they will be eligible for the certification examinations.

The internship training program at Hill-Top Recovery Center in Havre is now fully operations. This program is operated in conjunction with Northern Montana College also located in Havre. Student trainees complete certain chemical dependency college courses and enroll in a 52 week practicum at the Recovery Center. Supervised clinical training is provided covering all phases of chemical dependency treatment. Upon completion of the training, students need only to complete successfully the three examinations to become certified chemical dependency counselors.

Objective 5: To encourage regional training through the Chemical Dependency Counselors Associations and through individual programs.

Both the "Alcoholism Programs of Montana, Inc." and the "Chemical Dependency Counselors Association" were made aware of the unavailability of state training funds. Both organizations were presented a plan, by ADAD at the Training Task Force meeting in January 1983, by which they might provide training utilizing sponsorship, participant fees, donated training services, etc.

Objective 6: Depending on available grant funds, submit a federal grant application to NIDA with which to expand training capabilities for FY83.

Additional NIDA training funds were unavailable.

Objective 7: To coordinate training activities with certification requirements for counselors compliance with standards for initial and continuing certification

All proposed training events were reviewed by ADAD Certification Section to determine their compatibility with certification requirements, competency of trainers, and number of points to be awarded.

New courses designed and presented were:

1. Counseling for Relapse Prevention
 2. Intervention
 3. Group Skills
 4. Fee for Services
-

Objective 8: Evaluate training designed and delivered by ADAD during 1982 to determine effectiveness.

Because of training staff reduction and lack of funds for this objective, no follow-up evaluation was done.

Evaluations by participants at the completion of each training session provided valuable information regarding training material, trainers and methods for improvement.

Objective 9: Act as a training and education information clearinghouse.

All known training events, both in and out of state, were compiled in calendar form and distributed to programs and individuals. This proved to be a valuable resource especially for those persons seeking further certification credits.

Objective 10: Training coordinator to attend training in specific subjects for the purpose of designing additional ADAD training packages.

The training coordinator attended two STSP sponsored sessions in which the continuation of training without federal grant funding was addressed. Discontinuation of all training funds as well as the training section prevented further activity in this area.

2. Training

FY83 training was provided by two distinct methods both of which proved successful. From July 1, 1982 until December 1982, ADAD training and certification staff members provided workshop training. Two presentations were presented for each subject in the following areas:

- Counseling for the Prevention of Relapse
- Intervention
- Family Counseling in Chemical Dependency

In January, 1982 a training task force comprised of field and ADAD personnel was convened to determine the future of training in the absence of ADAD funding. The task force recommended that the remainder of ADAD training funds be used to contract with alcohol and drug programs submitting acceptable proposals for training.

Proposals were received and reviewed with contracts being awarded to the following programs:

- Regional Chemical Dependency Program - Missoula
- Providence Treatment Center - Great Falls
- Fort Belknap Tribes Alcohol Program - Harlem
- Southcentral MT Mental Health Center A & D Program - Billings

Training subjects presented were:

- Group Process Skills
- Counseling Skills in Working With Indian Youth and Families
- Counseling Skills, Assessment and Treatment Planning
- Family Counseling

Contracts specified that each workshop session be presented twice. Once in the Eastern or Central part of the State and once in the Western part. Funding limits were set at \$2,000.00 for the two presentations. Total attendance for all training sessions was 101 participants. All training was approved for certification and continuing education credit.

The Division's training and certification staff continued to monitor continuing education credits for certified counselors. Workshops, training and conferences were reviewed to determine eligibility for certification points for participants.

As in the past, Division training staff continued to collect and compile information regarding available training which is relevant to alcohol and drug treatment personnel. A quarterly training calendar was published and distributed to service providers on a quarterly basis.

B. FY84 Proposed Activities - Training and Certification

The Division will continue certification efforts through FY84, not only to provide certification opportunity for those persons currently employed in the field, but to process those applicants new to the field who are seeking certification. With the exception of the first quarter FY84, it is anticipated that testing will be offered once each quarter for the remainder of the year. The Division will continue to accept and process all applications, provide required testing and award certificates in the three areas of certification and monitor continuing education progress for all certified persons.

Since ADAD funding for training activities is non-existent, all programs will be encouraged to provide regional or district training charging minimal participant fees, and employing program or other available persons as trainers.

ADAD will provide training need priority by summarizing training information supplied through the certification system.

A training calendar listing all available information pertaining to in and out of state training will be published and made available, on a quarterly basis, to chemical dependency programs and personnel.

All proposed training presentations will be reviewed by ADAD to ensure compliance with certification requirements. Applicants for training approval will be notified of certification status.

If training funds should become available, ADAD will consider contracting for special training events essential to all program operation (i.e., insurance payment for treatment, recordkeeping, billing, and other accounting procedures).

C. FY84 Work Plan - Certification and Training

Objective 1: Continue all phases of counselor certification.

Method:

- a) Continue to process all certification materials submitted by applicants - ongoing.
- b) Provide technical assistance and information to all certification applicants as needed - ongoing

- c) To provide the qualifying examinations and taped work sample ratings to all qualified applicants - at least quarterly.
- d) To coordinate written examination dates and locations with the Montana Employment Service - ongoing.
- e) Determine amount of certification fee by July 1, 1983.
- f) To review and upgrade both written and oral examinations as needed and increase and validate questions available for both tests by October 1982.

Objective 2: To ensure counselor compliance with continuing education requirements.

Method

- a) Monitor continuing education credits of certified counselors - ongoing.
- b) Coordinate with program directors regarding continuing education and training for their staffs - ongoing.
- c) Review all workshops, training and conferences to determine eligibility for certification points for participants - ongoing.

Objective 3: To encourage regional training through chemical dependency organizations and by individual programs.

Method

- a) Obtain qualified trainers from within each region's alcohol and drug programs, mental health centers, school systems, etc. to provide needed workshop training.
- b) To encourage participants to solicit private source sponsorship (local service clubs) to defray the costs of one-day training sessions - ongoing.
- c) To encourage the participation of all five regions within the state individually or in combination - ongoing.
- d) To encourage programs to utilize the \$300.00 per professional staff member training allowance to aid in procuring training - ongoing.

Objective 4: To coordinate training subjects with certification requirements, for both the initial certification and continuing education after the initial phase.

Method

- a) Review information submitted with application for certification to determine possible areas of need in basic alcohol counseling skills - ongoing.
 - b) Coordinate training efforts with program directors and counselor organizations to facilitate ongoing staff certification efforts - ongoing.
 - c) Review workshops and if funding and staff are available design new course presentations - ongoing.
-

Objective 5: Act as a training and education information clearinghouse.

Method

- a) Collect information regarding available training opportunities relevant to alcohol and drug programming from within the state and other states - ongoing.
 - b) Compile training information and publish and distribute a quarterly training calendar - ongoing.
-

Objective 6: Dependant upon the availability of training funds, ADAD will develop and contract for presentation of special training sessions.

Method

- a) Identify one or more subjects for which 1 or 2 day training deliveries can be designed for use in Montana - January 1984.
- b) Determine most cost effective way to obtain training - ongoing.
- c) Limit subjects to information essential to program operation, i.e., procedures for handling insurance payments, including billing, recordkeeping, insurance provider requirement, etc. - ongoing.

- d) Encourage program development of essential training subjects of an innovative nature, or subjects not offered previously in Montana - ongoing.

Objective 7: Develop and review computer proposal for maintenance of certification records as a cost saving technique for section.

Method

- a) Plan intradivision staff meeting to review information maintained, needed and updated monthly in individual certification files - September 1983.
- b) Develop an RFP for computerization of certification files for Department's Computer Section Manager - October 1983.
- c) Review an action proposal from Department on computerization of certification - December 1983.

VIII. Criminal Justice Functional Plan

A. FY83 Performance Report - Criminal Justice

Objective 1: Improve communication and coordination between agencies working with DUI offenders.

Several activities were sponsored during the fall of 1982 on the topic of alcohol and highway safety. The Highway Patrol sponsored a consultant to provide training to the patrol and other law enforcement on DUI enforcement. This trainer was very well received both times he presented his two-day course. The Supreme Court brought this same man to Montana to train an optional 8-hour course for lower court judges. The Board of Crime Control sponsored a two-day conference on current criminal justice issues. These were activities which duplicated plans made under the Highway Safety - Alcohol and Drug Abuse contract. The planned three-day statewide conference on DUI issues was postponed and then cancelled. Continued coordination with the Board of Crime Control in alcohol-related activities during the fiscal year.

Objective 2: Implement and maintain efforts to ensure quality and uniformity within the Montana Court School System.

Training for new Court School instructors was held in November, 1982. Seventeen people attended and thirteen completed the course. No Court Schools were monitored, however all Court School client files were evaluated by ADAD evaluators as part of state-approval. Completion, readmission and intervention rates were examined for all Court Schools at the end of the fiscal year. The section also distributed updated court school listings, quarterly, during the fiscal year.

Objective 3: Heighten public awareness about the issues of alcohol and highway safety through primary prevention projects.

Planning and coordination with Highway Safety on the development of a comprehensive educational campaign was completed in October, 1982. Four topic areas were identified as priorities: 1) effects of the drug alcohol; 2) drinking-driving decisions and blood alcohol concentration; 3) DUI laws and programs; and 4) helping others who drink and drive. Locally sponsored activities have been encouraged through the provision of written materials,

purchase of films, loan of blood alcohol testing devices, and technical assistance to organizations.

When requests for speakers on DUI issues have been received Division staff either made the presentation or facilitated a local person to do it. Staff taped a show for Vital Signs that was shown on Christmas Day dealing with DUI and Court Schools. Informational booths were provided on DUI issues at the fairs in Helena, Billings, Kalispell, Missoula and Great Falls during summer and fall, 1982. Twenty-four days were devoted to this project. An initial planning meeting for a conference for driver educators was held in Lewistown. The decision was made to have the theme be drinking and driving. The two-day conference was also preceded by an optional two-day course on alcohol and alcohol curricula. The conference was held in Billings in May, 1983.

Objective 4: Coordinate efforts to evaluate and revise current statutes and procedures pertaining to driving while under the influence of alcohol and drugs.

Representatives from a wide variety of agencies were invited to participate on a short term task force. An initial meeting of thirteen persons was held in November to compare Montana laws with Congressional recommendations to states. This group recommended the introduction and support of three bills: early administrative suspension, illegal per se, and increase in implied consent suspension time.

B. FY84 Proposed Activities - Criminal Justice

The contract with the Highway Traffic Safety Division, Department of Justice was terminated in April, 1983 with the employee and funding reverting back to that agency. Because of this action most of the activities that have previously been accomplished by our Division under contract will be undertaken by the Highway Traffic Safety Division in FY84.

Because there are many agencies involved with DUI offenders it is very important to foster interagency communications and coordination. The Department will cooperate with the Highway Traffic Safety Division, Department of Justice in providing training for new court school instructors and in the development of court school curriculum and guidelines. As part of its annual state approval evaluations of treatment programs, the department will review and evaluate court schools compliance to curriculum and guidelines and report findings to the Highway Traffic Safety Division. To ensure quality and effectiveness of the court schools, participant completion rates, readmission rates, successful treatment referrals and intervention rates will be compiled and analyzed annually by the Department.

The Department of Institutions Alcohol and Drug Abuse Division will assist community programs in identifying and applying for prevention funding available through the Highway Traffic Safety Division.

The Department will cooperate with the Department of Justice to encourage the Montana Board of Crime Control and the law enforcement academy to include alcohol and drug issues into the basic curriculum for law improvement training.

The Department will meet with the Board of Pardons to determine if ADAD can be of assistance in providing programs for chemically dependent persons on parole.

C. FY84 Work Plan - Criminal Justice

Objective 1: Coordinate with other agencies all aspects of DUI Court Schools.

Method

- a) Maintain individual staff liaisons with Department of Justice and Montana Supreme Court - ongoing.
- b) Cooperate with Department of Justice Highway Traffic Safety staff on development of DUI Court School curriculum and guidelines, if requested - ongoing.
- c) Establish a reporting procedure to inform the Department of Justice of chemical dependency programs adherence to Court School guidelines as determined through program on site evaluation - September 1983.

Objective 2: Provide assistance to community programs in identifying and applying for alcohol and drug abuse prevention funding available through the Department of Justice.

- a) Through staff liaisons maintain a current file of funding available and application procedures to apply for funding - ongoing.
- b) Through use of the Division's bi-monthly publication "The Habit" inform programs of funding available and procedures for applying - ongoing.
- c) As outlined in planning objective 2,d) assist programs, upon written request, with applications for funding - ongoing.

Objective 3: Cooperate with the Department of Justice' advocacy of alcohol and drug issues as part of the basic law enforcement academy curriculum.

- a) Provide basic alcohol and drug information to the Department of Justice for use in the law enforcement curriculum, as requested - ongoing.
 - b) Keep the Department of Justice informed of trends or changes in alcohol and drug curriculums for law enforcement personnel published in national journals and periodicals - ongoing.
-

Objective 4: Cooperate with the Board of Pardons in establishing and conducting chemical dependency programs for individuals in or on parole from penal institutions.

- a) Schedule a meeting with the Board of Pardons to inform them of treatment resources currently available in Montana, funding limitations of the Department, and respond to questions the Board may have - fall 1983.
- b) Inform the Board of training opportunities available during the year in chemical dependency rehabilitation - ongoing.
- c) Given funding and staff limitations, provide technical assistance that the Board of Pardons may request - ongoing.

4.0 BUDGET INFORMATION

4.1 ALCOHOL AND DRUG ABUSE DIVISION Proposed Planning Budget FY'84

ADAD Administration

Earmarked Alcohol Tax Revenue.	291,242
SSI - DA&A Referral Contract	21,081
'82 Alcohol, Drug Abuse Block Grant.	<u>13,693</u>
Total Administration	\$ 326,026

Montana Drug Program

State General Fund	\$ 219,606
Alcohol, Drug Abuse Block Grant.	<u>466,879</u>
Total Montana Drug Program	\$ 686,485

Community Programs

Alcohol & Drug Abuse Block Grant	\$ 455,746
Earmarked Alcohol Tax Revenue	<u>1,837,973</u>
Total Program Grants	\$2,293,719

APPENDIX A

CONTRACT PROCESS

The Division has developed and will utilize a standardized system for reviewing proposals and awarding contracts. A Pre-grant Conference will be conducted each year to inform programs of the following system and review criteria.

Phase I - Planning and Application Solicitation

- A. It is the responsibility of the Alcohol and Drug Abuse Division (ADAD) Administrator to conduct planning activities and ensure adequate justification and need for contract proposals. Planning activities include:
 - ° Determining number and types of services needed based on County Plans and ADAD planning process.
 - ° Determine whether contract proposals are the proper mechanism or means for funding services required.
- B. Identification of funds available must be made by the Department of Institutions Management Services Division.
- C. The Community and Program Development Bureau (C&PDB) has the responsibility of developing proposals and applications. The process can only be initiated after steps A and B have been completed. Proposals must include:
 - ° Project narrative and program budget or costing information.
- D. It is the responsibility of the ADAD Administrator to announce and advertise proposals, submit proposals to prospective contractors and receive and log in proposals once they have been completed.

Phase II - Application or Proposal Review (3 weeks)

After proposals or applications have been completed by the prospective contractors and submitted to the ADAD they are scheduled for the review process.

- A. Proposals are scheduled to be reviewed by a Review Committee. Review Committee includes a panel of three people made up of two ADAD staff members and one independent person from outside the ADAD (usually Management Services). ADAD Review Criteria:
 - 1. Compliance to application and proposal criteria and guidelines.
 - 2. Compliance with established review criteria which includes:
 - a) Budget Review (as explained at Pre-grant Conference)
 - b) Technical Review (as explained at Pre-grant Conference)
 - c) Program Review (as explained at Pre-grant Conference)
- B. It is the responsibility of the ADAD Administrator to ensure that the Review Committee has all information needed to conduct the review. Any additional information needed by the review committee is routed through the ADAD Administrator.

- C. After the review committee has received the proposals or applications, committee recommendations are forwarded to the State Alcohol and Drug Advisory Council Task Force consisting of 3-5 members, for review and comments.

Again, it is the responsibility of the ADAD Administrator to ensure that the Advisory Council Task Force has all required information to complete their review.

- D. Advisory Council Task Force then reports and makes recommendations to the full Advisory Council. Program representative may be present to offer additional information, and verbal justification for application at the Advisory Council Meeting.
- E. The ADAD Administrator reviews all recommendations to this point and makes his recommendations.
- F. The Director of the Department of Institutions reviews all recommendations and makes final funding decisions. ADAD develops final terms of agreement and negotiates contracts with contractors.

Phase III - Negotiation and Award (2 weeks)

After all reviews have been completed and signed off with recommendations, the proposals enter the negotiation and award phase.

- A. The Department of Institutions Management Services Division again reviews final budget and costing information of contract to ensure adequate funds are available for contract award.
- B. The C&PDB then develops the final contract.
- C. The contracts are then reviewed by the ADAD Administrator, Management Services Division, Department of Institutions Attorney and the Director of the Department of Institutions. After all of the above have approved the contracts the ADAD Administrator ensures that they are mailed and distributed to contractors for signatures.
- D. After contracts have been reviewed and signed by the contractor, they are mailed back to the ADAD Administrator.
- E. Signed copies of contracts are then mailed to the contractors.
- F. The ADAD Administrator then develops a contract file on each contract issued.
- G. It is the responsibility of the R&E Bureau to monitor programmatic compliance of each contract and the Department of Institutions Management Services Division to monitor financial compliance of each contract.

APPENDIX B

STATE OF MONTANA
Alcohol Service Providers

REGION I

FRANCES MAHON DEACONESS HOSPITAL/
CHEMICAL DEPENDENCY CENTER
PO Box 4715
Glasgow AFB, MT 59231

Director: Dave Brunelle
Telephone: 524-6281

Detox, Inpatient Care

DISTRICT I ALCOHOL PROGRAM
Roosevelt County Courthouse
PO Box 328
Wolf Point, MT 59201

Director: Barbara Pipe
Telephone: 653-2131

Outpatient

District I Satellite Offices - Outpatient

Phillips County Alcohol Program
PO Box 1414
Malta, MT 59538

Counselor: Donald Omdahl
Telephone: 654-2005

Sheridan County Alcohol Program
Courthouse
Plentywood, MT 59254

Counselor: Marliss Johnson
Telephone: 765-2361

Daniels County Alcohol Program
City Hall
P.O. Box 385
Scobey, MT 59263

Counselor: Nancy Lund
Telephone: 487-5091

Alcohol & Drug Abuse Services
Courthouse Annex
Glasgow, MT 59230

Counselor:
Telephone: 228-9093

DISTRICT II ALCOHOL & DRUG PROGRAM
Glendive Medical Center
Glendive, MT 59330

Director: Jack Pollari
Telephone: 365-5942 / 365-3050

Outpatient

District II Satellite Offices - Outpatient

Sidney Alcohol Satellite
Medical Arts Bldg., 1209 2nd St. SW
Sidney, MT 59270

Counselor: Ron Luchau
Telephone: 482-2121

Services also provided in Circle,
Terry and Wibaux

REGION I (Continued)

DISTRICT III ALCOHOL & DRUG PROGRAM
321 Main - Office 3
Miles City, MT 59301

Director: Ron Gersack
Telephone: 232-6542

Also serves Broadus, Jordan,
Plevna & Ekalaka - Outpatient

Satellite Offices

Old Hospital Building
Box 251
Forsyth, MT 59327

Counselor: Karren Olson
Telephone: 356-2670

Also serves Hysham, Ashland,
& Lame Deer - Outpatient

Rosebud County Human Services
422 Willow
P. O. Box 750
Colstrip, MT 59323

Counselor: Ralph Belobraidic
Telephone: 748-2800

PO Box 478
Baker, MT 59313

Counselor: Vicky Johnson
Telephone: 778-2944

Outpatient

FORT PECK TRIBAL ALCOHOLISM PROGRAM*
PO Box 566
Poplar, MT 59255

Director: Jack Pipe
Telephone: 768-5281

NORTHERN CHEYENNE RESERVATION ALCOHOL PROGRAM*
Lame Deer, MT 59043

Director: Charles Bear Comes Out
Telephone: 477-6381 or
477-6783

PINE HILLS SCHOOL FOR BOYS
CHEMICAL DEPENDENCY PROGRAM
Miles City, MT 59301

Counselor: Mike Young
Telephone: 232-1377

Outpatient - Correctional Facility

* Not an approved alcohol program

REGION II

MEDICINE PINE LODGE
PO Box 426
Browning, MT 59417

Director: Margaret Kennedy
Telephone: 338-7178

Detox, Intermediate Care, Outpatient

FORT BELKNAP TRIBES ALCOHOL PROGRAM
Fort Belknap Reservation - Box 459
Harlem, MT 59526

Director: Donovan Archambault
Telephone: 353-2205
Ext. 432, 433, 434

Detox, Intermediate Care, Outpatient

HILL-TOP RECOVERY CENTER
PO Box 750 - 1020 Assiniboine
Havre, MT 59501

Director:
Telephone: 265-9665

Inpatient, Outpatient

Hill-Top Satellite Offices

Pondera Medical Center
Box 1522
Conrad, MT 59425

Counselor: Earl Cherry
Telephone: 278-7752

PO Box 1384
Fort Benton, MT 59442
(Also serves Chester)

Counselor: Carol Richard
Telephone: 622-5472

424 Main,
Box 536
Shelby, MT 59474
(Also serves Cut Bank)

Counselor: Jacky Severson
Telephone: 434-5002

Outpatient

PROVIDENCE CONCEPTS
401 3rd Avenue North
Great Falls, MT 59401

Director: Harold Schutt
Telephone: 727-2512

Outpatient

ROCKY MOUNTAIN TREATMENT CENTER, INC. *
920 4th Avenue North
Great Falls, MT 59405

Director: Robert Rowland
Telephone: 452-4206

DEACONESS MEDICAL CENTER
Chemical Dependency Unit
1101 26 St. South
Great Falls, MT 59405

Director: Bud Collins
Telephone: 761-1200 Ext. 5200

ROCKY BOY TRIBAL ALCOHOLISM PROGRAM*
Rocky Boy Route
Box Elder, MT 59521

Director: Clifford Sutherland
Telephone: 395-4723

* Not an approved alcohol program

REGION III

RIMROCK FOUNDATION
Box 30374
Billings, MT 59107

Director: David W. Cunningham
Telephone: 248-3175

Detox, Inpatient, Intermediate Care,
Outpatient

SWEET GRASS COUNTY FOUNDATION
PO Box 757
Big Timber, MT 59011

Director: Karen Clark
Telephone: 932-3611

Outpatient

BIG HORN COUNTY ALCOHOL PROGRAM
809 No. Custer
Hardin, MT 59034

Director: Dollean Lind
Telephone: 665-3542

Outpatient

ALCOHOL & DRUG SERVICES OF CENTRAL MT, Inc.
PO Box 963
Lewistown, MT 59457

Director: Andy Anderson
Telephone: 538-8421

Outpatient

Satellite Office - Outpatient

Wheatland Family Services
PO Box 633
Harlowton, MT 59036

Counselor: Robert H. Brown, Sr.
Telephone: 632-4778

MUSSELSHELL COUNTY A & D PROGRAM
1202 3rd Street West - PO Box 917
Roundup, MT 59072

Director: Mike Murphy
Telephone: 323-1806

Outpatient

Satellite Office - Outpatient

Golden Valley Foundation
PO Box 186
Ryegate, MT 59074

Counselor: Thelma Dickinson
Telephone: 568-2385

CROW DETOX PROGRAM *
Po Box 537
Crow Agency, MT 59022

Director: Archie Bear Ground
Telephone: 638-2811

* Not an approved alcohol program

REGION III (Continued)

SOUTH CENTRAL MT ALCOHOL & DRUG PROGRAM
1245 North 29th
Billings, MT 59101

Director: Scott Schreiber
Telephone: 252-5658

Outpatient

Satellite Offices - Outpatient

STILLWATER COUNTY ALCOHOL PROGRAM
PO Box 238
Columbus, MT 59019

Counselor: Terry Stanclift
Telephone: 322-5834

CARBON COUNTY ALCOHOL & DRUG PROGRAM
PO Box 482
Red Lodge, MT 59068

Counselor: Pat & Kate Williamson
Telephone: 446-1434

LAMPSON *
Suite 240, Broadwater Center
928 Broadwater Avenue
Billings, MT 59101

Director: Dr. Howard Simons
Telephone: 248-6343

* Not An Approved Alcohol Program

REGION IV

ALCOHOL SERVICES OF GALLATIN CO.
Haynes Building, Suite #2
121 North Willson
Bozeman, MT 59715

Director: Howard Boxmeyer
Telephone: 586-5493

Outpatient

BEAVERHEAD/MADISON CHEMICAL DEPENDENCY
FACILITIES, INC.
State Bank & Trust Bldg., PO Box 1152
Dillon, MT 59725

Director: Dale Samuel
Telephone: 683-4305

Madison County Alcohol Program
PO Box 907
Ennis, MT 59729

Counselor: Roger Stenseth
Telephone: 682-7190

Outpatient

ALCOHOL AND DRUG REFERRAL CENTER OF PARK COUNTY
414 East Callendar
Livingston, MT 59047

Director: Norman Baxter
Telephone: 222-2812

Alcohol & Drug Referral Center Satellite
Box Q
White Sulphur Springs, MT 59645

Counselor: Vera Brunckhorst
Telephone: 547-2249

Outpatient

ALCOHOLISM SERVICE OF ANACONDA/
DEER LODGE COUNTY
100 West Park
Anaconda, MT 59711

Director: Vern "Brick" Clawson
Telephone: 563-6601

Outpatient

POWELL COUNTY ALCOHOLISM CENTER
309 Missouri
Deer Lodge, MT 59722

Director: Roger Baker
Telephone: 846-3442

Outpatient

BUTTE ALCOHOL & DRUG SERVICES
53 West Granite
Butte, MT 59701

Director: Bill Burke
Telephone: 723-4001

Outpatient

BUTTE INDIAN ALCOHOL PROGRAM
2 East Galena
Butte, MT 59701

Director: Aaron Perry
Telephone: 782-0461

Outpatient, Intermediate Care,
(Transitional Living)

REGION IV (Continued)

BOYD ANDREW SERVICE CENTER
219 North Rodney
Helena, MT 59601

Director: Jo Kaste
Telephone: 443-2343

Outpatient - Intermediate Care
(Transitional Living)

Transitional Living Facility
for Men
410 9th Avenue
Helena, MT 59601

Counselor: Ken Bofto
Telephone: 443-1241

Satellite Offices - Outpatient

Jefferson County Alcohol Services
PO Box 602
Boulder, MT 59632

Counselor: Judy Williams
Telephone: 225-4348

Also serves Whitehall - 287-3219

Teton County Alcohol & Drug Abuse Services
PO Box 1201 - Courthouse
Choteau, MT 59422

Counselor: Neal Bateman
Telephone: 466-2171

Broadwater County Alcohol Services
Courthouse Annex
Townsend, MT 59644

Counselor: Dick Gildroy
Telephone: 266-3186

SHODAIR ADOLESCENT PROGRAM *
840 Helena Avenue
P. O. Box 5539
Helena, MT 59604

Director: Steve King
Telephone: 449-7630

SUNRISE RANCH *
2245 Head Lane
Helena, MT 59601

Director: Jack Casey
Telephone: 443-6299

CARE UNIT *
St. James Community Hospital
Continental Drive
Butte, MT 59701

Director: Robert Farren
Telephone: 723-4341

GALEN STATE HOSPITAL AT&R
Route 1, Galen
Deer Lodge, MT 59722

Director: John Weida
Telephone: 693-2281

Detox, Inpatient Care

* Not An Approved Alcohol Program

REGION IV (Continued)

MONTANA STATE PRISON
CHEMICAL DEPENDENCY PROGRAM
Deer Lodge, MT 59722

Clinical Services
Coordinator: Sandy Heaton
Telephone: 846-1320 Ext. 2223

Outpatient - Correctional Facility

REGION V

REGIONAL CHEMICAL DEPENDENCY PROGRAM
MISSOULA ALCOHOL SERVICES
725 West Alder
Missoula, MT 59801

Director: Steve Shumate
Telephone: 721-1880

Transitional Living Facility
330 East Main
Missoula, MT 59801

Director: Deanne Penn
Telephone: 542-0360

Outpatient, Intermediate
(Transitional Living)

Satellite Office - Outpatient

Mineral County Alcohol Services
Tamarack Medical Center
Superior, MT 59872

Counselor: Joe Scalia
Telephone: 822-4093

MISSOULA INDIAN ALCOHOL & DRUG PROGRAM
901 South Higgins
Missoula, MT 59801

Director: Marty Foxman
Telephone: 721-2700

Outpatient

ST. PATRICK'S HOSPITAL*
Chemical Dependency Unit
500 West Broadway
Missoula, MT 59801

Director: H. Edwin Shepherd
Telephone: 543-7271

Detox, Inpatient

RAVALLI COUNTY CHEMICAL DEPENDENCY
SERVICES, INC.
PO Box 902
Hamilton, MT 59840

Director: Bill Winn
Telephone: 363-3060

Outpatient

FLATHEAD ALCOHOLISM & DRUG ABUSE CENTER
PO Box 270
Ronan, MT 59864

Director: Cathi D. Shortman
Telephone: 676-0596

Detox, Intermediate Care, Outpatient

PO Box 757
Polson, MT 59860

Counselor: LeRoy "Bud" Willard
Telephone: 883-4460

* Not an Approved Alcohol Program

REGION V (Continued)

ALCOHOL SERVICE CENTER OF LINCOLN COUNTY
PO Box 756
Libby, MT 59923

Director: Royce Gilbertson
Telephone: 293-7731

Outpatient

Satellite Offices - Outpatient

County Building
Box 403
Eureka, MT 59917

Counselor: Karen Swanson
Telephone: 296-2822

Sanders County Chemical Dependency Program
PO Box 940
Thompson Falls, MT 59873

Asst. Director: Dennis Maercklein
Telephone: 827-4241

Also Serves
Plains, MT 59859
(Tues. Wed. & Thurs. 8-5)

Counselor: Donna Stamm
Telephone: 826-3604

FLATHEAD VALLEY CHEMICAL DEPENDENCY SERVICES
PO Box 1511
Kalispell, MT 59901

Director: Ken Anderson
Telephone: 755-6453

Outpatient

SWAN RIVER YOUTH FOREST CAMP
CHEMICAL DEPENDENCY PROGRAM
PO Box 99
Swan Lake, MT 59911

Director:
Telephone: 754-2292

Outpatient - Correctional Facility

WILDERNESS TREATMENT CENTER *
200 Hubbart Dam Road
Marion, MT 59925

Director: John Brekke
Telephone: 854-2832

DRUG SERVICE PROVIDERS

MONTANA DRUG PROGRAM

Administrative Office
Department of Institutions
1539 11th Avenue
Helena, MT 59620

Telephone: 449-2827
Director of Treatment & Rehab:
Darryl Bruno

OPEN DOOR

100 West Park
PO Box 758
Anaconda, MT 59711

Supervisor: Martin Dunn
Telephone: 563-5248

RIMROCK FOUNDATION

PO Box 30374 - 801 North 27th
Billings, MT 59107

Director: David W. Cunningham
Telephone: 248-3175

GALLATIN COUNCIL ON HEALTH & DRUGS

15 South Tracy
PO Box 1375
Bozeman, MT 59715

Director: Elaine Skinner-Hale
Telephone: 587-1238

BUTTE DRUG SERVICES

53 West Granite
Butte, MT 59701

Supervisor: Jeff Slothower
Telephone: 723-4001

LIGHTHOUSE

Residential Drug Treatment Center
Route 1, Galen
Deer Lodge, MT 59722

Director: John Weida
Telephone: 693-2281 Ext. 3265

PROVIDENCE CENTER

401 3rd Avenue No.
Great Falls, MT 59401

Director: Gail Bucko
Telephone: 727-2512

BOYD ANDREW SERVICE CENTER DRUG PROGRAM

219 North Rodney
Helena, MT 59601

Supervisor: Mike Kauffman
Telephone: 443-2343

FLATHEAD VALLEY CHEMICAL
DEPENDENCY SERVICES

38 East Washington Street
PO Box 1511
Kalispell, MT 59901

Director: Ken Anderson
Telephone: 755-6453

MISSOULA DRUG TREATMENT PROGRAM

725 West Alder
Missoula, MT 59801

Director: Steve Shumate
Telephone: 721-1880

KALEIDO SCOPE DRUG CENTER

Flathead Reservation Area
PO Box 270
Ronan, MT 59864

Director: Sam Windy Boy
Telephone: 676-0444

MONTANA ADVISORY COUNCIL ON ALCOHOL
AND DRUG DEPENDENCY
June 17, 1983

MINUTES

The Montana Advisory Council on Alcohol and Drug Dependency met in the conference room of the Department of Institutions Building, 1539 11th Avenue, Helena, Montana, at 8:30 a.m. on June 17, 1983.

MEMBERS PRESENT

Martha Herlevi
Sharon Pettit
Joe Plumage
Peggy Skelton
William Spoja
Dr. Robert VanHorne, Chairman

MEMBERS ABSENT

Tom Clavin
Larry Fasbender
B. Dean Holmes

STAFF PRESENT

Bob Anderson
Darryl Bruno
Liz McDonnell

VISITORS PRESENT

Ron Hjelmstad, Director, Hill Top Recovery, Havre
Jo Kaste, Director, Boyd Andrew Service Center, Helena
Jack Pollari, Director, District II A/D Services, Glendive
Marge Self, Director, South Central Montana A/D Services,
Billings
Richard Tolon, Representing Powell Co. Alcohol program,
Deer Lodge

Chairman VanHorne called the meeting to order at 8:45 a.m. Motion to accept the minutes of the last meeting as submitted was made by Ms. Pettit, seconded by Martha Herlevi, motion carried.

Bob Anderson said he would like to get right into the grant reviews. Darryl Bruno reported that the staff recommendations were \$5,000 over the established discretionary funding total of \$398,622, and there was no money to hold back for emergency funding; however, the department has authority from the Legislature to use block grant monies to bring the funding level up to \$1,837,973 for counties (85/15) for a total maximum ceiling of \$2,236,595.

Bob Anderson said he feels there should be some incentive to programs to bring their evaluation scores up; perhaps cutting a percentage of the funding to those programs that don't meet evaluation criteria. Ms. Pettit said she would like to have the evaluation scores of each program available for the grant review.

District II, Glendive, Evaluation Score 86%, program is meeting certification requirements. Requested funding in the amount of \$44,352. Staff recommended funding of \$41,347, reduced to state raise allowance the director and two secretaries, fringe benefits cut to reflect salary decrease. Darryl Bruno feels the program will be able to meet the 15% service revenue. Jack Pollari said he felt the staff recommendations for funding are good, and he will try to raise additional money needed through service revenues. Richland and Dawson counties are putting additional county into the program, but he feels his staff should be larger. He would like help in collecting insurance money and asked if a workshop could be set up to inform programs of how to deal with insurance coverage and collections. Darryl Bruno said he would recommend to the Department that a workshop of this kind be top priority. Mr. Pollari said he would also like a representative on the Advisory Council from eastern Montana.

District III, Miles City, Evaluation Score 78%, program meeting certification requirements. Requested funding of \$40,933. Staff recommended \$21,303, with comment that program is exceeding FY83 state criteria on service revenue. The staff recommended the program cut the secretary in Forsyth and administrative assistant in Miles City, fringe cut to reflect reduced salaries. Bob Anderson said the director, Ron Gersack, had a lot of work to do with the program and has put a lot of things together, he is doing a good job, and does have a contract with Colstrip who furnish two counselors. Darryl Bruno stated Ron Gersack is doing a very good job in regard to service revenue.

Fort Belknap Tribes Alcohol Program, Harlem, evaluation score *77% (*restricted status). Will not meet certification standards. Fort Belknap gets half of Blaine County funds. Requested \$19,511, staff recommended \$11,786, salaries/wages reduced to meet state criteria of 3.5, fringe cut to reflect reduced salary. Bob Anderson feels 5% service revenue is unrealistic for reservation programs.

Medicine Pine Lodge, Browning, 81%, staff moving toward certification. Requested \$17,664, staff recommended \$11,864. Advisory Council recommended funding another \$5,800 to replace tribal funds that have been used for service revenues in previous years, not available this year. Again Bob Anderson said the 5% service revenue unrealistic for reservation programs. He felt the program is being penalized for getting money from the tribe for service revenue. He also stated the grant was very well done this year and the budget was realistic.

Hill-Top Recovery, Havre, 87%, staff meeting certification requirements. Requested \$91,250, staff recommended \$90,327. Reduced current salaries to criteria, cut 2 new positions, cut fringe to reflect reduced salaries. Ron Hjelmstad said he would like to request different funding this fiscal year. He would like ADAD to fund days or beds for indigents at the rate of \$50/day rather than transport them to Galen where the cost is \$75/day. He would set aside 5 beds for indigents referred from Institutions. He has a need to limit the number of non-paying beds. This would be a total of 1825 treatment days to the indigent. Darryl Bruno said he supports the concept but does have concerns. Chairman VanHorne said this request must be resolved by the Department.

Alcohol and Drug Services of Central Montana, Inc., Lewistown, 87%, meeting certification requirements. Requested \$13,913, staff recommendation, \$12,603. Staff commented that Ann Carter has been doing a good job and has taken over the counselor position and managing the program during the director's absence.

Musselshell County, Roundup, *77%, is having trouble meeting certification requirements. Requested \$31,004, staff recommended \$16,887. The staff and Advisory Council feel this program should be merged with Lewistown or some other program, but this is a county program and the commissioners do not want a merger at this time.

South Central Montana Regional A/D Program, Billings, 87%, is meeting certification standards. Requested \$57,000, staff recommended \$27,940. Marge Self said she needs an additional \$14,000 to balance the budget and get the program on firm ground. Collections are low and she would like to increase staff. Mental Health pays part of the administration costs, and if they do not continue to fund the program they will have to find a new sponsor or shut down. Darryl Bruno felt the service revenue could double this year but his biggest concern is administration, he does not feel ADAD should have to subsidize the largest county in Montana for alcohol services.

Park County A/D Referral Center, Livingston, 95%, is making an effort to meet certification standards, requested 26,741, staff recommended \$26,555. Salaries reduced to meet state criteria, fringe cut to reflect salary reduction. There were no conflicts in funding, service revenue should meet 15% recommendation.

Tri-County Alcoholism Services, Bozeman. Program is having difficulties and will not been considered for funding until problems have been resolved.

Butte Indian Alcohol Program, Butte, *81%, is making an effort to meet certification standards. Requested \$22,305, staff recommendations \$15,386, with main reduction in salaries/wages and fringe benefits.

Anaconda/Deer Lodge County A/D Services, Anaconda, 93%, not meeting certification standards. Requested \$27,807, recommended \$17,924. Staff feels this is a good program, but they do not actively seek service revenue other than DUI fees. The program is a county program. A letter was read from Vernon Clawson requesting allowance for additional fringe benefits. The Advisory Council turned down the request and recommended further county participation. Bob Anderson said he cannot justify using block grant funds to supplement county money for fringe benefits. The staff and Advisory Council would like to see a merger with some other program.

Powell County Alcoholism Program, Deer Lodge, *84%, not meeting certification standards, did not submit goals and objectives. Requested \$14,763, staff recommended \$1,589, with a recommendation to cut counseling position due to fact that prison has new FTE, caseload will be decreased due to loss of prison clients. Moose Tolon, representing Powell Co. Alcoholism Program, said he feels another position should be funded. Darryl Bruno recommended the program look at merging with Anaconda. Mr. Tolon said he would like to see that, but Anaconda is a county program. Mr. Spoja said they should raise their DUI fees from \$50 to \$125. The program is not actively seeking service revenue.

Boyd Andrew Service Center, Helena, 87%, meeting certification standards. Requested \$63,151, staff recommended \$48,798; cut half-time outpatient counselor, reduce salary to meet state criteria, fringe cut to reduced salary level. Jo Kaste would like to have a DUI instructor on contract. Bob Anderson said they have the caseload to justify an additional counselor, but there is not money to fund expanded services. Chairman VanHorne said if she could generate more money she could justify the additional FTE or contract, and she should consider raising DUI fees to \$125. The program is actively seeking and meeting the 15% service revenue.

Missoula A/D Services, Mineral County, Missoula, 90%, requested \$7,027, staff recommendation, \$5,755. Program is requesting a 10 percent raise for director, for travel etc., to Mineral County. No justification for repair and maintenance.

Lincoln/Sanders A/D Program, Libby, 86%, is meeting certification standards, has good community support. Requested \$60,921, staff recommended \$53,857. Staff recommended to cut trainee/counselor and maintain salaries at 3.5 increase; cut fringe benefits to reflect decrease in salaries. Program should be able to meet 15% service revenue.

Peggy Skelton made a motion to the effect that the Advisory Council write a commendation for Michael A. Murray, seconded by Martha Herlevi, motion carried.

There was discussion on how best to reduce funding. Bob Anderson suggested it be reduced a percentage according to evaluation scores. Five programs are on Restricted Status or have a score under 80%. It was decided an equitable formula would be to cut programs above 85% 2.49 percent and programs under 85% or on restricted status 3.59 percent.

Motion was made by Shari Pettit that the staff proceed to utilize this equitable formula to fund discretionary monies to programs. Seconded by Joe Plumage, motion carried.

Bob Anderson said there will be \$57,000 Jobs Bill monies that may have to be distributed to 21 counties. The money is to be used for additional staff to provide counseling for unemployed persons. Bill Spoja thought this matter could be taken care of by phone and/or mail as it may take a lot of discussion to get it all accomplished. There will have to be documentation that this money is used for additional services.

Bill Spoja made a motion to adjourn the meeting at 3:35 p.m. Seconded by Shari Pettit. Meeting adjourned.

Respectfully Submitted


Elizabeth McDonnell, Secretary

MONTANA ADVISORY COUNCIL ON ALCOHOL
AND DRUG DEPENDENCY

May 12, 1983

MINUTES

The Montana Advisory Council on Alcohol and Drug Dependency met in the conference room of the Department of Institutions Building, 1539 11th Avenue, Helena, Montana, at 9:30 a.m. on May 12, 1983.

MEMBERS PRESENT

William Spoja
Dr. Robert VanHorne, Chairman

MEMBERS ABSENT (excused)

Tom Clavin
Larry Fasbender
Martha Herlevi
B. Dean Holmes
Shari Pettit
Joe Plumage
Peggy Skelton

STAFF PRESENT

Darryl Bruno
Elizabeth McDonnell
Michael A. Murray

GUESTS PRESENT

Ron Gersack, District III, Miles City
Otto Kvaalen, Hill-Top Recovery, Havre
Arlayne Lundgren, Problem Drinking Center, Livingston
Harold Schutt, Providence Alcoholism Center

The meeting was called to order at 9:45 a.m. by Chairman VanHorne.

Mike Murray reviewed the bills, requested by the Department of Institutions, that passed in the Legislature, other bills relating to alcohol and drug abuse that passed, and gave a summary of the bills that failed.

Mike Murray gave an analysis of liquor tax revenues and distributions for fiscal years 1982-85, and stated that the estimated earmarked tax (\$1,837,966) for FY84 is the actual amount of monies counties will receive.

Reviewing long range planning Mike Murray said the Department is requiring service revenues generated to be 15 percent for outpatient programs, 5 percent for reservation programs and a 10 percent increase for outpatient/residential programs, with this increasing in FY85 to service revenues of 25 percent. Darryl Bruno stated he felt there was a lack of motivation by some programs that accounted for low service revenues and said they should follow their fee schedules, and to look at DUI Court School fees to generate service revenues. Ron Gersack said he felt it took a great deal of administration time to administer the fee-for-service schedule. Bill Spoja stated they did not want to overload the Directors but it is a matter of survival for the programs. Dr. VanHorne said he was glad to see some positive results.

Mike Murray said the Review Criteria is the same as last year with a few major changes, one being certification. The Department is taking a strong stand on having all counselors certified and will withhold discretionary funding for programs that have uncertified counselors. Mr. Murray said the Department had decided to have one additional written exam and one oral examination before the July 1 deadline, at which time exams will (probably) be given on a quarterly basis; counselors will have one year after date of hire to become certified. Mr. Murray reviewed the certification procedures and the numbers certified.

The next Advisory Council meeting will be June 17 at 8:00 a.m. to review grant applications. The procedure will be the same as in previous years.

Mike Murray complimented Harold Schutt on the expert direction he has given to Providence this past year. The program is now solvent and will not be coming in for funding this year.

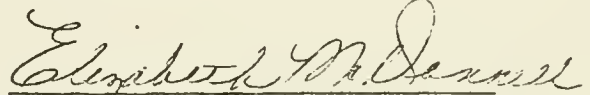
Mike Murray said there is an additional \$61,000 grant from the Federal Jobs bill for Montana alcohol and drug abuse services this year. The Department is asking for a supplemental appropriation to spend the funding for high unemployment area programs or to subsidize indigent individuals. Chairman VanHorne said we should get input from programs as to where the money would be best used. Mr. Murray asked that the Advisory Council bring in guidelines to review at the next meeting.

Harold Schutt said third-party payments are a matter of survival, Otto Kvaalen said it is possible to get some service revenue from everybody. He has charged 50¢ for a session, but even that is beneficial. Mr. Spoja said perhaps it should be written into the contracts that programs have a minimum number of free patients per month, and that some without the ability to pay may have to wait a month or so for treatment. He would like to have the opinion of the Department Legal Counsel, and to put this on the agenda for the June meeting.

Mr. Spoja said he would like to have a letter go to the Director from the Council showing their appreciation for his efforts with the Legislature. Mr. Spoja also told Mike Murray he has been a focal point and that his leadership has accomplished the turnabout in the progress of programs.

Chairman VanHorne adjourned the meeting at 12:10 p.m.

Respectfully submitted

A handwritten signature in cursive script, reading "Elizabeth McDonnell". The signature is written in dark ink and is positioned above a horizontal line.

ELIZABETH McDONNELL, Secretary

MONTANA ADVISORY CCUNCIL ON ALCOHOL
AND DRUG DEPENDENCY

October 19, 1982

Minutes

The Montana Advisory Council on Alcchol and Drug Dependency met in the meeting room of the Providence Alcoholism Center, 920 4th Avenue North, Great Falls, Montana, at 10:00 a.m. on October 19, 1982.

MEMBERS PRESENT

Larry Fasbender
Martha Herlevi
B. Dean Holmes
Sharon Pettit
Peggy Skelton
William Spoja
Dr. Robert VanHorne, Chairman

MEMBERS ABSENT

Tom Clavin (excused)
Joe Plumage (excused)

STAFF PRESENT

Darryl Bruno
Robert MacConnel
Elizabeth McDonnell
Michael Murray

GUESTS PRESENT

Harold Schutt, Director, Providence Alcoholism Center

The meeting was called to order at 10:05 a.m. by Chairman VanHorne. Motion to-accept the minutes of the last meeting as submitted was made by Larry Fasbender, seconded by Martha Herlevi, motion carried.

Ms. Pettit moved to close the meeting to smoking in accord with the Montana Clean Air Act as it pertains to public meetings. Seconded, motion carried with one dissention.

Four members of the Providence Board of Directors requested a closed meeting with the Advisory Council to discuss personnel and fiscal matters. At their request the meeting was closed from 10:15 to 11:00 a.m.

Darryl Bruno reported on the short fall projections. Mr. Spoja said the estimates were 20 percent lower than the Legislative Fiscal Analyst had estimated. There is \$53,870 of unobligated discretionary funding, and \$112,674 of block grant monies that have not been appropriated by Legislature. Mike Murray indicated the Department does not want to ask for a supplemental appropriation. Mr. Spoja stated that at the alcohol meeting in Helena Mr. Chisholm indicated if the funding situation was critical at the local level the Department would consider the request. There was discussion of the idea that perhaps those weak and ineffective programs should be allowed to wither and die now during this financial crisis. It was the consensus of the members of the Advisory Council that programs not be starved out of existence to enhance administrative efficiency. If programs are not meeting their contracted goals and objectives, or are a duplication, they should be closed for that reason. Several good programs are in financial trouble not because of inefficiency, but through the economy in their area: Alcohol Services of Lincoln/Sanders County has the highest unemployment rate in the state; Deer Lodge/Anaconda has high unemployment; however, they have a special legislative appropriation to assist them this biennium; Alcohol and Drug Services of Central Montana has high unemployment coupled with limited reserves at the start of the fiscal year.

Mr. Spoja said the block grant and discretionary funds should be looked at, and perhaps ask the Legislature for supplementary appropriations. Since the Department of Institutions used the alcohol earmarked tax estimates generated by the Legislative Fiscal Analyst office, published these estimates for programs to develop their yearly budgets from, Council members agreed the Department should allow the upcoming legislature the opportunity to correct the problem. The problem is not administrative at the Department level, rather a missed LFA estimate due to changes in the national and state economy. Mr. Spoja said there should be some uncommitted reserve funds at the Department for emergencies. \$115,226 of block grant funding has already been appropriated before the short fall, which is the best argument for a supplemental appropriation.

Mike Murray questioned if we have an obligation to come up with supplementary funding or attempt to use the block grant monies to fund those programs in the future and that are able to survive. Mr. Spoja stated this notion was not acceptable and moved to ask that supplemental appropriations be requested to take care of the short fall, seconded by Ms. Herlevi.

Larry Fasbender said he was sure some program duplication existed and the current short-fall could allow the Department to correct the situation. Recommendation 165 pages 63-64 of the Warren King report was read and discussed. Mike Murray was asked to identify those counties having two programs. Counties which have more than one program providing the same service are:

Roosevelt	- state-approved outpatient (District I) and Fort Peck Tribal Alcoholism (not approved)
Rosebud	- state-approved outpatient (District II) and Northern Cheyenne Reservation Alcohol Program (not approved)
Glacier	- two state-approved outpatient: Medicine Pine Lodge and Hill-Top Recovery Center
Blaine	- two state-approved outpatient: Fort Belknap Tribes Alcohol Program and Hill-Top Recovery Center
Hill	- state-approved outpatient, Hill-Top Recovery and Rocky Boy Tribal Alcoholism Program (not approved)
Cascade	- state-approved outpatient and intermediate care, and Deaconess Hospital outpatient and inpatient (not approved)
Yellowstone	- two state-approved outpatient, Rimrock Foundation and South Central Montana Mental Health Alcohol and Drug Program
Big Horn	- state-approved outpatient, Big Horn County Alcohol Program and Crow Detox Program (not approved)
Butte/Silver Bow	- two state-approved outpatient, Community Alcohol Services and Butte Indian Alcohol Program
Missoula	- two state-approved outpatient, Missoula Alcoholism Services and Missoula Indian Alcohol and Drug Program.

Discussion followed on the issue of requesting the Department to request a supplemental appropriation for programs in FY83, have the money go to 85/15 where it may or may not get to good programs that need the funding. Mr. Fasbender moved to amend Mr. Spojas motion, and to ask for \$112,674 supplemental appropriations to be allocated to the Department of Institutions to be used only for funding programs, with all state programs to be considered equally whether they now have a contract or not. Mr. Spojas motion was approved and Mr. Fasbender's amended motion was approved.

Dr. VanHorne asked Mr. Fasbender to talk with Carroll South about the programs to be combined and the need for a supplemental appropriation.

Darry Bruno said that Carroll South asked him in June if it would be possible to merge the state run drug clinics with local programs. This was accomplished by October 1, with no changes in staff. The Butte/Silver Bow Health Department has taken over the Butte Drug Clinic, the Anaconda Drug Program has been sharing a secretary and space with the alcohol program and will continue to do so, and the Helena drug clinic has merged with the Boyd Andrew Service Center, moving into their facilities.

Mike Murray gave a report on the new state approval evaluation criteria. There have been 33 evaluations thus far, 28 alcohol and drug programs and 5 follow-ups on restricted approvals. Follow-up evaluations are still pending for Ronan, Roundup, Hardin and the Prison. At the present the prison is without a full-time counselor. Mr. Spoja said the Advisory Council could recommend that the prison have a full chemical dependency program. Mike Murray said a study was made prior to the last legislature on this but action was not taken on it. Mr. Spoja asked Mike to update the material to present to the Advisory Council so they can make a recommendation.

Mr. Murray went over the Special Task Force For Study of Long Range Planning and Future Delivery of Alcohol and Drug Abuse Treatment in Montana recommendations. #1, Contract state drug clinics; this has been accomplished. #2, County and State Plans; legislation will be requested that will require every four years county plans with annual funding update and a four year state plan with a biennium update. #3, State Training, to be continued as is. #4, Program licensing and approval, Mr. Spoja suggested that the Department have Dr. MacGregor talk to Dr. Drynan. #5, Insurance Laws; Alcohol Programs of Montana are planning to sponsor a bill. Mr. Spoja thinks the Advisory Council should push on this and asked Mike to talk to Carroll South about it. #6, Multi-county Services; the division is continuing to look at this and has been discussed earlier in the meeting. #7, Funding Options; this has been left to the Task Force and APM. #8, Patient Fee Collections from Galen; the Department will request legislation. #9, Commitment Law; the Department will request legislation. #10, Forensic Lab; Representative Moore is going to carry a bill to legislature to not fund the lab from alcohol earmarked funds, but from a portion of the DUI funds in a revolving account. #11, Discretionary Funds; the Department will ask Legislature for funding next biennium. #12, Program Generated Revenues; programs are generating monies from fee-for-services and other means. #13, Correctional Institution Counselors, if funding is available request will be to have these counselors funded from the general fund. #14, Referrals; Mike Murray is to meet with the Parole Board on this recommendation.

Mike Murray gave a report on the Warren King Report. He noted there were three recommendations that would impact alcohol and drugs in the Department. #1, reorganizing ADAD. The Director has made the decision not to combine the Alcohol and Drug Abuse Division with the Mental Health Division, but said that ADAD should reorganize within the division. A recommendation has been made to change the name of the division to the Chemical Dependency Division. Mike Murray said he felt it was important to have an identifiable Alcohol Division at the state level. The Advisory Council agreed with Mike. #2, change treatment funding process; Mike said the Department will study this; and #3, eliminate Galen programs. Mike said he is sure the Department can provide the justification necessary to continue the Galen programs.

Robert MacConnel gave a report on Counselor Certification. To date there are approximately 460 applications with 250 counselors presently working in programs in the state. Of these, 51 counselors have become fully certified.

Chairman VanHorne said the bylaws require the Advisory Council to, at its first meeting each fiscal year, elect a chairman and vice-chairman, and called for an election of officers. Mr. Fasbender moved that all officers in those positions continue in their positions for the coming year, seconded by Mr. Spoja, motion carried.

Mr. Ray Waters, member of the Providence Board of Directors, and local beer distributor, gave a short report on FY1983 estimated liquor tax. He said that out of \$13,950,855 tax, alcohol programs receive only 13 percent of the monies. If this entire sum was distributed to local treatment programs, with Galen being funded through the general fund, programs would be able to expand and not shrink, the way they are being forced to now. Montana Taverns Association, beer wholesalers and grocers do not want to see taxes raised on beer, wine and liquor.

There being no further business Chairman VanHorne adjourned the meeting at 3:00 p.m.

Respectfully Submitted

Elizabeth McDonnell
Elizabeth McDonnell, Secretary

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